

AGENDA

**84th Meeting of the Public Health Agency board to be held on
Thursday 19 May 2016, at 1:30pm,
ARC Healthy Living Centre, 116-122 Sallys Wood
Irvinestown, BT94 1HQ**

No	Time	Item	Paper	Sponsor
1.	1.30	Welcome and Apologies		Chair
2.	1.30	Declaration of Interests		Chair
3.	1.30	Minutes of the PHA board Meeting held on 16 March 2016		Chair
4.	1.30	Matters Arising		Chair
5.	1.35	Chair's Business		Chair
6.	1.40	Presentation on ARC		Chair
7.	2.00	Presentation on Community Planning		Mr McClean
8.	2.30	Finance Update <ul style="list-style-type: none"> • PHA Financial Performance Report 	PHA/01/05/16 (for Noting)	Mr Cummings
9.	2.40	Governance and Audit Committee Update <ul style="list-style-type: none"> • Minutes of 4 February 2016 meeting • Verbal briefing from Chair 	PHA/02/05/16 (for Noting)	Mr Coulter
10.	2.50	PHA Assurance Framework	PHA/03/05/16 (for Approval)	Mr McClean
11.	2.55	Final Business Case for the Provision of the "Lifeline" Crisis Intervention Service for Northern	PHA/04/05/16 (for Approval)	Dr Harper / Mr McClean

Ireland

12. 3.10 Performance Management Report –
Corporate Business Plan and
Commissioning Plan Directions
Targets for Period Ending 31 March
2016

PHA/05/05/16 Mr McClean
(for Noting)

13. 3.20 Update on PHA Procurement Plan

PHA/06/05/16 Mr McClean
(for Noting)

14. 3.25 Any Other Business

15. Date, Time and Venue of Next Meeting

Thursday 16 June 2016

1:30pm

Conference Rooms 3+4

12/22 Linenhall Street

Belfast

BT2 8BS

MINUTES

**Minutes of the 83rd Meeting of the Public Health Agency board
held on Wednesday 16 March 2016 at 1:30pm,
in Fifth Floor Meeting Room, 12/22 Linenhall Street,
Belfast, BT2 8BS**

PRESENT:

- | | |
|----------------------|---|
| Mr Andrew Dougal | - Chair |
| Dr Eddie Rooney | - Chief Executive |
| Dr Lorraine Doherty | - Assistant Director of Public Health |
| Mrs Mary Hinds | - Director of Nursing and Allied Health Professionals |
| Mr Edmond McClean | - Director of Operations |
| Mr Brian Coulter | - Non-Executive Director |
| Mr Leslie Drew | - Non-Executive Director |
| Mrs Julie Erskine | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |

IN ATTENDANCE:

- | | |
|------------------------|--|
| Mr Robert Graham | - Secretariat |
| Mr Paul Cummings | - Director of Finance, HSCB |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |
| Mrs Joanne McKissick | - External Relations Manager, PCC |

APOLOGIES:

- | | |
|-------------------------|--|
| Dr Carolyn Harper | - Director of Public Health/Medical Director |
| Councillor William Ashe | - Non-Executive Director |

		Action
29/16	Item 1 – Welcome and Apologies	
29/16.1	The Chair welcomed everyone to the meeting and noted apologies from Dr Carolyn Harper and Councillor William Ashe.	
29/16.2	The Chair welcomed Ms Deepa Mann-Kler to her first meeting and confirmed that the DHSSPS had agreed to extend Mr Thomas Mahaffy's term on the Board by another 12 months to 31 st March 2017.	

30/16	Item 2 - Declaration of Interests
30/16.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.
31/16	Item 3 – Minutes of previous meeting held on 18 February 2016
31/16.1	The minutes of the previous meeting, held on 18 February 2016, were approved as an accurate record of the meeting.
32/16	Item 4 – Matters Arising
	<i>25/16.3 Telemonitoring Evaluation</i>
32/16.1	Mr Coulter asked if the evaluation on telemonitoring had been completed. The Chief Executive said that it would be brought to the Board when it is available.
33/16	Item 5 – Chair's Business
33/16.1	The Chair advised members that following the last meeting he had received correspondence from the Chief Executive confirming his decision to retire in October. He said that this would be a great loss and that Dr Rooney would be a hard act to follow.
33/16.2	The Chief Executive thanked the Chair for his sentiments and said that he would now advise all PHA staff of the situation.
33/16.3	Alderman Porter paid tribute to the work of the Chief Executive, but noted that with the voluntary exit scheme there is a lot of long-serving staff leaving and asked how PHA's appreciation of their work is being shown. The Chair said that it is important that their work is recognised.
33/16.4	The Chair informed members that there had been a meeting of the Corporate Strategy Project Board, at which there was a discussion about performance indicators. He referenced the gap in life expectancy and said that this gap is widening when comparing affluent areas to less affluent ones. The Chair urged that we should highlight and applaud any absolute improvements in performance indicators in deprived areas, irrespective of

improvements in affluent areas. He added that with reference to screening, PHA does not have the resources to follow up with those who do not attend, but that resources should be redirected.

- 33/16.5 The Chair said that the Permanent Secretary had expressed concern that the Strategy will not be finalised until April 2017, but that clarification had been obtained that this was in line with DHSSPS timescales given the restructuring of the HSC and the forthcoming publication of a new Programme for Government
- 33/16.6 Mr Coulter asked whether there would be discussion on the new Corporate Strategy at the April away day. The Chief Executive said that this was an option. He acknowledged that there are many moving parts within the HSC system at the moment, but that PHA's agenda should not remain static. He added that the development of a new Corporate Strategy is an opportunity for PHA to do a stock take.
- 33/16.7 Mr Mahaffy asked about how PHA could reduce the gap in inequalities and said that it is an issue that needs to be addressed. Ms Mann-Kler said that she would welcome discussion on the key strategic drivers going forward. She asked whether there would be consultation on the new Strategy. The Chief Executive said that this would take place. Alderman Porter added that it is important that there is a balanced approach when deciding where PHA's resources should be allocated.

34/16 Item 6 – Chief Executive's Business

- 34/16.1 The Chief Executive said that he had attended the Ministerial Committee on Public Health regarding Making Life Better and added that there was good attendance from the Ministers of the relevant departments.
- 34/16.2 The Chief Executive explained that PHA is responsible for the implementation of MLB and that at the meeting it was given a mandate, along with local councils, to continue the work. However, he wished to ensure that there is funding for MLB in PHA's financial allocation for 2016/17.
- 34/16.3 The Chief Executive said that he had also attended a meeting of the Ministerial Group on Suicide Prevention. He noted that community response plans had recently been initiated in both

north and west Belfast, and said that this is an area where there are no easy solutions and requires cross-sectoral working.

- 34/16.4 The Chair asked if there was an increase in the number of suicides compared to previous years. The Chief Executive said that over the last year the numbers of recorded cases was at an all-time high.
- 34/16.5 The Chair asked if there was any update on the Lifeline business case that had been submitted to DHSSPS. The Chief Executive advised that DHSSPS had responded to say that this is under active consideration.
- 35/16 Item 7 – Finance Update – PHA Financial Performance Report (PHA/01/03/16)**
- 35/16.1 Mr Cummings presented the Finance Report for the period up to 31 January 2016 and reported that the financial position is a stable one. He said that there is a slight deficit, but that this is due to a timing issue. He said that the end of year position shows a surplus of £600k, and that PHA will ensure that any surplus funds are utilised throughout the HSC.
- 35/16.2 Mr Cummings said that since the last year there has been some minor slippage in terms of both Lifeline and EITP. He noted that there is a spike of activity towards the end of the year, and although this has previously been an issue for PHA Board members, he said that in recent years this spike has reduced due to improved financial forecasting.
- 35/16.3 Mr Cummings drew members' attention to the VES scheme figures and said that PHA was given an allocation of £1.840m, but that this represents a shortfall of £0.291m which he was confident would be funded by DHSSPS.
- 35/16.4 Mrs Erskine asked whether the closure of FASA would impact on Lifeline. Mr Cummings said that Lifeline is a demand-led service and that there may be an increase in demand in the short term.

36/16 | Item 8 – Obesity Campaign

- 36/16.1 Mr McClean welcomed Mr Stephen Wilson to the meeting and invited him to present the Obesity campaign. Mr Wilson gave members an overview of the campaign, reminding members of the previous campaign and explaining how the new campaign had been developed. He then showed members a clip of the current television campaign.
- 36/16.2 Alderman Porter asked whether there is joined-up working with other parts of the UK, and about media coverage. Mr Wilson said that PHA's findings are shared with other countries. With regard to media coverage, he explained that through Skysmart, PHA can get better access to its target audience and increase awareness levels.
- 36/16.3 Mr Drew asked whether PHA targets large employers, e.g. with leaflet drops. Mr Wilson said that due to cost, this would not be viable, but he gave an example of work PHA is undertaking with Translink to encourage people to use public transport or make their workplaces healthier.
- 36/16.4 Ms Mann-Kler said that the campaign was excellent and tailor-made for joint-up working, and asked what strategic partnerships PHA has in place. She asked whether there had been any discussions on treating sugar as addictive, as she felt that issue is currently under-played. She expressed surprise at how little people know about nutrition, and said that PHA should do more to encourage its staff to consider healthier choices. Mr Wilson responded saying that there is a Health and Wellbeing group within PHA and it has worked on a number of initiatives, including £ for lb. He also referenced work with Sustrans. With regard to sugar, he said that Public Health England has led with a message about sugar intake, and PHA would look at the evaluation of that. Mr Wilson said that, in terms of strategic partnerships, the Chief Executive sits on a forum with other organisations to ensure there is a joined-up approach, as there is a sub-group within that looking specifically at communications.
- 36/16.5 Mrs Erskine said that she had participated in the £ for lb challenge, and was greatly encouraged by the support that was available. Mrs McKissick also commended the work that PHA is doing, and asked about schools. Mr Wilson said that there is

joint working between PHA and education.

- 36/16.6 Ms Mann-Kler said that it would be valuable to follow up with real people and share their stories on social media. Mr Wilson said that PHA is encouraging people to do this.
- 36/16.7 Members noted the update on the Obesity Campaign.

37/16 Item 9 – Five Year Review of Equality Scheme (PHA/02/03/16)

- 37/16.1 Mr McClean said that this Five Year Review is due to be submitted to the Equality Commission by the end of March. He said that there has been good progress across the eight key areas which has shown PHA's commitment to the equality agenda. He invited Anne Basten from the Equality Unit to comment further.
- 37/16.2 Ms Basten said that one of the key questions for PHA is, what difference has this work made over the last five years? She said that PHA core functions are now aligned with the equality agenda. She went on to say that if you look at the mechanisms of Section 75, you can see that PHA has made significant progress with regard to equality screenings and equality impact assessments. Ms Basten added that equality has been integrated into annual business planning and also into procurement processes, but there is still a challenge to embed this further as staff sometimes struggle to carry out equality screenings when they do not impact on people.
- 37/16.3 Ms Basten said that looking ahead, PHA should ensure that organisations that do work on PHA's behalf are collecting equality monitoring data to see what can be learnt. Mr Drew asked whether the Equality Commission listens to the feedback it receives. He added that the work required to complete the templates is made unnecessarily difficult by the templates, and that you can lose sight of the equality legislation. Ms Mann-Kler posed a series of questions based on her reading of the report. She queries whether Section 75 has made a real difference to PHA's work, and if discussions are taking place with the Commission regarding the different plans and if the Commission are listening to the feedback that is coming through? Furthermore, she asked about different identities and what further work was being done in the area of

procurement.

- 37/16.4 Mr Mahaffy asked whether there are benefits from the SLA with BSO regarding equality. Mr Coulter asked about costs and felt that a sensible approach is necessary to completing this work, as the key purpose of undertaking it is lost due to the burden of completing the templates. He argued that the biggest users of health and social care services are elderly people, but that this is not reflected within the report, and that perhaps other groups come through more predominantly because they are stronger in putting forward their point of view. He said that he preferred to think in terms of equity, rather than equality.
- 37/16.5 In response, Ms Basten acknowledged that there are practical difficulties in completing all of the different forms, but this is because there is separate legislation. She said that class is not one of the nine Section 75 categories, and neither is geography, but that access is an important issue. She added that a lot of equality screenings are picking up the issue of poverty. In terms of feedback from the Equality Commission, she said that they are open to feedback and that last year was the first year in which there has been feedback given to organisations on a 1:1 basis. She added that this is an advantage in partnership working. She finished by saying that within procurement, equality monitoring data were collected as part of a recent smoking cessation tender, and that there was a greater emphasis placed on getting people with a learning disability to participate in screening programmes; this intelligence having come from an equality screening.
- 37/16.6 Mr McClean returned to Mr Mahaffy's comment about value for money. He acknowledged that before 2009 he did not value the work in this area, but since then he has seen that this is not a barrier or a burden and that the interactions with BSO are helpful. With reference to Ms Mann-Kler's question as to whether this has made a difference, he did not feel that the legislation was telling PHA to do something that it would not be doing in any event, but if the legislation was not in place he could not guarantee that PHA would work within those parameters. Dealing with the issue of the templates, Mr McClean said that they do not fit within the work that PHA is doing, but that it would be difficult to get them amended.

- 37/16.7 Mrs McKissick picked up on the issue of business planning, and cited the user/carer reference as an excellent example of co-design.
- 37/16.8 The Chief Executive drew the discussion to a close by noting that PHA is one of the few organisations where equality features in its key legislation. He said Section 75 should be a central part of everything that PHA does as PHA strives to narrow the gaps in health inequalities. He said that PHA has come a long way in terms of its equality work, and that it is getting better.
- 37/16.9 Members **approved** the Five Year Review of the Equality Scheme.
- 38/16 Item 10 – Infant Mental Health Framework (PHA/03/03/16)**
- 38/16.1 Dr Doherty introduced Mr Maurice Meehan and asked him to present the Infant Mental Health Framework.
- 38/16.2 Mr Meehan began by saying that the first 36 months of life are the most critical in terms of brain development and that this Framework has been developed following a 3-year discussion with leading thinkers in this area. He emphasised the need to get the start of life absolutely right in the current environment, and that this Plan is one of the main actions of Making Life Better. He added that it is further supported by other strategies within the Marmot framework for tackling health inequalities.
- 38/16.3 Mr Meehan gave an overview of some of the key themes within the Framework. He said that key research and data will be disseminated widely and that PHA has influenced the Strategic Investment Fund to help build a case for an INTERREG V bid. In terms of workforce development, he said that training will be provided across the HSC and that PHA will also work with CAMHS colleagues in terms of service development. Finally, he advised that the actions in the plan on an annual basis.
- 38/16.4 Mr Drew asked whether this Framework is new work or repackaging of existing programmes, and what the cost of implementation is. Mr Meehan explained that many of the initiatives are already taking place, and that there is a high level of awareness training. He added that training will be developed within nursing and midwifery, and that opportunities will be

sought in the education sector with discussions having already taken place with Stranmills College as part of its Early Years programme. He finished by saying that this is work also being taken forward through the Early Intervention Transformation Programme (EITP).

- 38/16.5 Ms Mann-Kler said that she was pleased to see this framework. She asked for more detail on the action plan and what work PHA will be responsible for, and how outcomes will be monitored. Mr Meehan said that there is Plan, and that there are departmental targets. He advised that there are currently 350 individuals going through the mental health training, and that a business case has been developed. He said that there will be a group monitoring progress and that he would be happy to keep the board informed.
- 38/16.6 Mrs Erskine asked when this framework would be available to other organisations. Mr Meehan said that it is intended that it is launched as soon as possible.
- 38/16.7 Members approved the Infant Mental Health Framework.
- 39/16 Item 11 – PHA Business Plan 2016/17 (PHA/04/03/16)**
- 39/16.1 Mr McClean welcomed Miss Rosemary Taylor to the meeting and invited her to give an overview of the development of the PHA Business Plan for 2016/17. Miss Taylor advised that the Plan has been developed in line with DHSSPS requirements, taking account of the financial context and MLB. She said that PHA staff had also been consulted. She noted that it was a high level document as it was impossible to include every function and action that will be undertaken.
- 39/16.2 Miss Taylor explained that, subject to Board approval, the Plan will be formally sent to DHSSPS, and the Board will be kept apprised of progress against the objectives through the quarterly Performance Management Reports.
- 39/16.3 Mrs Erskine noted that the Plan may change, given the financial situation, but thanked staff for their hard work in its development. Members **approved** the PHA Business Plan for 2016/17.

At this point Mrs McAndrew left the meeting.

40/16	Item 12 – Board Governance Self-Assessment Tool (PHA/05/03/16)
40/16.1	The Chair presented the ALB self-assessment, and suggested an amendment with regard to the calculation of members' commitment of days per month, but Mrs Erskine said that on average, the figure represented a fair summation.
40/16.2	Ms Mann-Kler asked about the date of submission as the situation outlined in the first question had changed due to her appointment onto the Board. It was agreed that this would be updated to reflect that.
40/16.3	Members approved the ALB self-assessment. <i>At this point Mr Mahaffy left the meeting.</i>
41/16	Item 13 – Update on Unscheduled Care
41/16.1	The Chief Executive reminded members that PHA and HSCB were jointly the regional lead organisations for the work on unscheduled care. He said that the initial focus of the work was on winter pressures, a key part of the work now is to look at longer term issues. He invited Dean Sullivan and Pat Cullen to update members.
41/16.2	Mr Sullivan said that the new arrangements had taken effect from the end of last year and he gave an overview of the regional and local structures that have been put in place.
41/16.3	Mr Sullivan noted that it was difficult to gauge whether control had been maintained over winter pressures this year. He said that 12-hour breaches had increased in January, but had decreased in February. He added that the biggest issue relates to discharge, but that the discharge agenda is far from straightforward. He went on to say that a session had been held with each of the HSC Trusts to see what additional support could be offered to them.
41/16.4	Mr Sullivan said that up to date information is now available on acute care, but not the same level of detail in relation to community care. He hoped that by next time much of the work will be embedded and he gave members an overview of the eight

key work areas which include effective discharge arrangements, repatriation arrangements, 7-day hospitals and roll out across community services.

- 41/16.5 Mrs Cullen said that the 10,000 Voices initiative has been useful in gathering patient stories from emergency departments and also from frontline staff in these departments. She said that staff are telling us about the challenges they face, but that they have many good ideas. She said that Martin Quinn has been working with a user/carer to bring a PPI perspective to this work.
- 41/16.6 Mrs Cullen gave an overview of the clinical audit rotation programme that has been put in place and advised that some audits have already taken place within two of the Trusts, with outcome and recommendations being fed back. She said that the audit team currently consists of nursing staff only, but in the future it is hoped to have social work, medical and AHP staff involved.
- 41/16.7 Mr Drew asked whether the new Emergency Department at Royal Victoria Hospital was making a difference. Mr Sullivan said that the new facility is a more fit for purpose facility and that, combined with the use of the old emergency department as an ambulatory station has allowed the Royal to deal much better with emergency cases.
- 41/16.8 Mr Sullivan said that there still remains some process re-engineering to be done, particularly in trying to reduce the number of people going to hospital, and ensuring that people are medically fit for discharge.
- 41/16.9 Ms Mann-Kler asked whether there is a sense that the issues are under control. Mr Sullivan said that in his opinion, control has been maintained. Ms Mann-Kler asked if there is sufficient resourcing and what other key issues there are. Mr Sullivan said that delayed discharges has always been an issue and conceded that capacity needs to be greater in specific areas and locations. He added that finance is also an issue.
- 41/16.10 Mrs Erskine said that it is a massive task that PHA and HSCB have taken on. The Chief Executive agreed that it is a complex task and that there remain many outstanding issues. He said that any shortages create a problem, and that some of the work

to resolve these problems is at the heart of PHA's agenda, for example prevention.

- 41/16.11 The Chair suggested that there if there was a prototype which had worked well In one location, that it might be replicated elsewhere.
- 41/16.12 The Chair asked about whether ambulance staff could direct patients to GP Out of Hours services. Mr Sullivan said that was possible, but it would be preferable that patients were able to receive paramedic care. He noted there is also the Marie Curie Rapid Response service.
- 41/16.13 Members noted the update on unscheduled care.

42/16 Item 14 – Any Other Business

- 42/16.1 There was no other business.

28/16 Item 15 – Date and Time of Next Meeting

Date: Thursday 19 May 2016
Time: 1:30pm
Venue: ARC Healthy Living Centre
116-122 Sallys Wood
Irvinestown
BT94 1HQ

Signed by Chair: _____

Date: _____

Public Health Agency

Finance Report

2015-16

Month 12 - March 2016

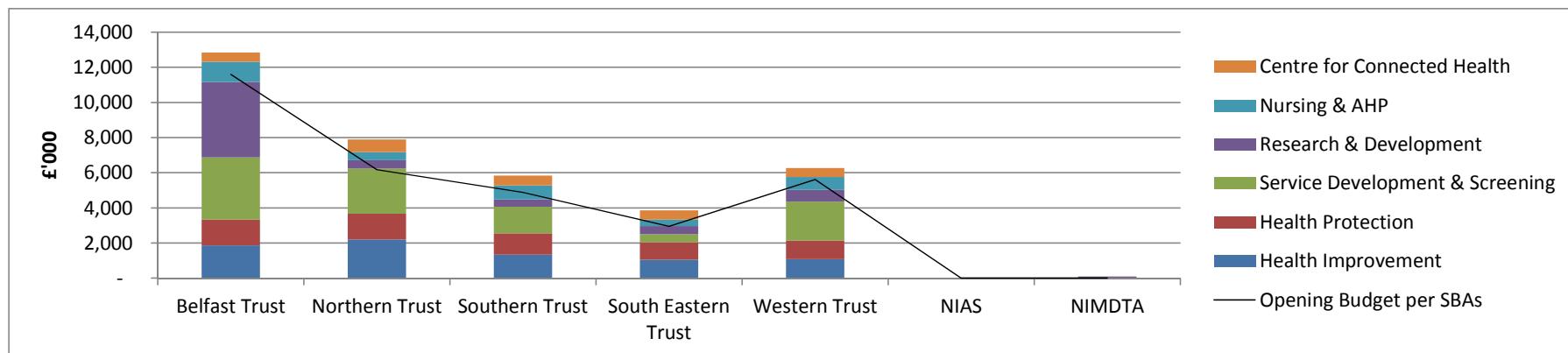
Public Health Agency
2015-16 Summary Position - March 2016

	Page	Year to Date			Total £'000
		Programme	Trust £'000	Non-Trust £'000	
Available Resources					
Departmental Allocation			36,854	47,267	21,334
Income from Other Sources			-	824	552
Total Available Resources			36,854	48,091	21,886
					106,831
Expenditure					
Trusts	2		36,854	-	-
Non-Trust Programme	3		-	47,924	-
PHA Administration	4		-	-	21,880
Total Proposed Budgets			36,854	47,924	21,880
					106,657
Surplus/(Deficit)			-	167	7
					174

The full year financial position for the PHA shows an underspend against budget of £0.174m. This is caused by underspends on Non-Trust Programme budgets, as explained on page 3 of this report. This surplus is shown after incorporating a £0.75m retraction from DHSSPS in month 12, the split of which is outlined on pages 3 and 4.

The surplus of £0.174m is within the breakeven tolerance level for PHA of 0.25%.

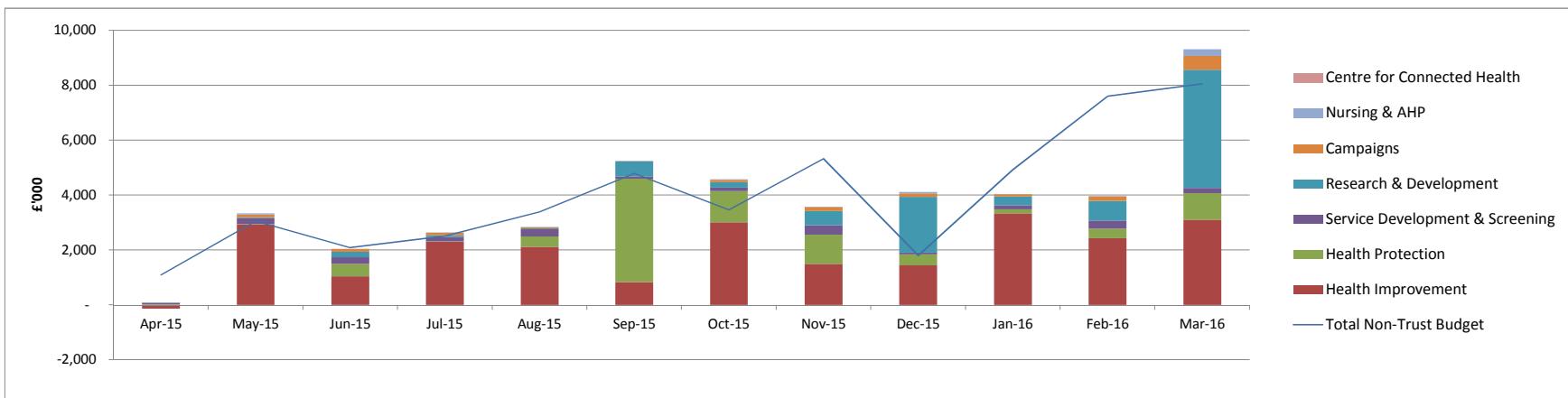
Programme Expenditure with Trusts



Current Trust RRLs	Belfast Trust £'000	Northern Trust £'000	Southern Trust £'000	South Eastern Trust £'000	Western Trust £'000	NIAS £'000	NIMDTA £'000	Total Budget £'000
Health Improvement	1,874	2,203	1,338	1,053	1,081	-	-	7,549
Health Protection	1,469	1,474	1,218	999	1,058	-	-	6,217
Service Development & Screening	3,535	2,562	1,520	460	2,227	-	-	10,304
Research & Development	4,297	479	420	453	659	-	107	6,416
Nursing & AHP	1,148	472	787	368	744	5	-	3,524
Centre for Connected Health	522	716	566	527	514	-	-	2,845
Total current RRLs	12,844	7,906	5,848	3,861	6,282	5	107	36,854
Opening Budget per SBAs	11,604	6,183	4,887	2,950	5,626	-	-	31,250

The above table shows the Trust Revenue Resource Limits broken down by budget area. During March a net allocation of £121k was made to HSC Trusts which primarily related to a £94k Research Award given to the Belfast Trust.

Non-Trust Programme Expenditure



	Budget (£'000)													Total Budget (£'000)	Total Expenditure (£'000)	Variance (£'000)
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total			
Budget																
Health Improvement	719	2,378	919	2,006	2,190	649	1,190	3,146	898	2,918	3,638	2,449	23,100	23,100	23,835	(735)
Lifeline	292	292	292	292	292	292	292	292	292	292	292	292	3,500	3,500	2,400	1,100
Health Protection	-	15	418	12	460	3,026	1,494	375	264	384	1,602	944	8,995	8,995	8,704	291
Service Development & Screening	83	368	85	83	368	93	127	290	124	(5)	337	262	2,214	2,214	2,193	21
Research & Development	-	-	237	60	45	501	185	1,120	113	1,013	1,376	4,282	8,932	8,932	8,931	1
Campaigns	-	1	131	58	32	230	180	95	85	290	230	280	1,612	1,612	1,467	145
Nursing & AHP	-	3	3	-	3	-	-	8	23	36	124	149	350	350	393	(43)
Centre for Connected Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	(613)	(613)	(613)	(613)	(613)
Total Non-Trust Budget	1,094	3,056	2,085	2,511	3,390	4,790	3,468	5,327	1,799	4,928	7,599	8,045	48,091	48,091	47,924	167
Actual Expenditure	233	3,506	2,306	2,681	3,109	5,292	4,815	3,841	4,113	4,328	4,156	9,541	47,924			

The Non-Trust Programme budget decreased by approximately £0.566m since the last report mainly due to budget surpluses of £0.613m being set against the £0.750m DHSSPS retraction (included under Other above). These surpluses related to reduced activity on a number of demand-led services (e.g. Lifeline, NRT and Vaccinations).

The overall underspend for the year of £0.167m is the residual balance of underspends on the demand-led budgets, offset by planned overspends across the Health Improvement regions.

PHA Administration
2015-16 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
Annual Budget							
Salaries	2,886	3,489	10,176	295	319	480	17,644
Goods & Services	204	1,410	550	(123)	51	309	2,402
VER Scheme	283	323	1,296	-	-	77	1,979
Total Budget	3,373	5,222	12,022	172	370	866	22,024
Budget profiled to date							
Salaries	2,886	3,489	10,176	295	319	480	17,644
Goods & Services	487	1,733	1,846	(123)	51	387	4,380
Total	3,373	5,222	12,022	172	370	866	22,024
Actual expenditure to date							
Salaries	2,978	3,472	10,390	180	329	481	17,830
Goods & Services	439	1,543	1,667	(7)	20	388	4,050
Total	3,417	5,015	12,057	173	348	869	21,880
Surplus/(Deficit) to date							
Salaries	(92)	17	(214)	115	(10)	(2)	(186)
Goods & Services	48	190	179	(117)	31	(1)	330
Surplus/(Deficit)	(44)	207	(35)	(1)	21	(3)	144
Administration element of £750k retraction in month 12							(138)
Final Administration Surplus for 2016-17							7

The Management & Administration (M&A) budget for the PHA was reduced by the DHSSPS in 2015-16 by 15%, or £2.8m. However, after discussion and liaison with the DHSSPS, it was agreed that, for the current year only, a total of £1.3m will be generated from within M&A budgets and the balance of £1.5m will be managed across the total PHA budget. This process allowed a more strategic review to be completed in order to deliver a recurrent 15% reduction in future years.

Total recurrent budgets allocated to Directorates were reduced by the actual 2014-15 surplus and a 20% travel saving, totalling £1.1m. This left a balance of £0.151m against the £1.3m savings target, which was held in the PHA Board cost centre and has been managed centrally through Scrutiny and other measures.

A further £0.75m was retracted by DHSSPS in March 2016, £0.138m of which related to Administration funding and is shown separately above.

In addition, the PHA received a ringfenced allocation of £1.979m to fund a Voluntary Exit Scheme in 2015-16. The actual costs associated with the scheme have been included under Goods & Services above, displayed against the relevant Directorates.

PHA Prompt Payment

Prompt Payment Statistics

	March 2016 Value	March 2016 Volume	Cumulative position as at 31 March 2016 Value	Cumulative position as at 31 March 2016 Volume
Total bills paid (relating to Prompt Payment target)	£8,078,090	632	£56,626,983	5,860
Total bills paid on time (within 30 days or under other agreed terms)	£8,054,697	613	£55,278,134	5,440
Percentage of bills paid on time	99.7%	97.0%	97.6%	92.8%

BSO Shared Services have now produced a comprehensive prompt payment report for PHA. A regional review of the accuracy of the BSO calculation, supported by legal advice, has resulted in a cumulative positive adjustment to the PHA figures for 2015-16. This has been reflected in the figures in the table above and the BSO report has been used to calculate the published figures from September 2015 onwards.

Prompt Payment performance for the year shows that on value paid (97.6%) the PHA is meeting the 30 day target of 95%, while the volume of invoices is below the target at 92.8%. Generally PHA is making excellent progress on ensuring that high value invoices are processed promptly, supported by the March value performance of 99.7%.

**Minutes of the of the Governance and Audit Committee
held on 4 February 2016, at 10.00am
5th Floor Meeting Room
12-22 Linenhall Street, Belfast, BT2 8BS**

Present:

- Mr Brian Coulter - Chair
Mr Thomas Mahaffy - Non-Executive Director
Mr Leslie Drew - Non-Executive Director

In Attendance:

- Mr Paul Cummings - Director of Finance, HSCB
Miss Rosemary Taylor - AD Planning & Operational Services
Mr David Charles - Internal Audit, BSO
Mr Tomas Wilkinson - NIAO
Mr Brian Clerkin - ASM
Mrs Michelle Tennyson - AD AHP/PPI
Mrs Cathy McAuley - Secretariat

Apologies:

- Alderman Paul Porter - Non-Executive Director
Mr Edmond McClean - Director of Operations, PHA
Mr Mark Anderson - Sponsor Branch, DHSSPSNI

	Item 1 - Welcome and Apologies	Action
1/16	The Chair welcomed Mr Leslie Drew to his first meeting of the committee and noted apologies from Alderman Porter, Mr McClean and Mr Anderson.	
2/16	Item 2 - Declaration of Interests The Chair asked if anyone had any interests to declare relevant to any items on the agenda. No interests were declared.	
3/16	Item 3 - Chair's Business The Chair advised the role of the Governance and Audit committee was raised at a recent PHA Board meeting. This arose from discussion about screening reports and related clinical issues. The Chair said that further discussion with the PHA Board is needed and that the outcome will be reported back to a future meeting of this committee.	

4/16 Item 4 - Notes of previous Meeting – 10 June 2015

The minutes of the previous meeting, held on 9 December 2015, were approved as an accurate record of the meeting.

5/16 Item 5 - Matters Arising

There were no matters arising.

6/16 Item 6 - Corporate Risk Register as at 31 December 2015

Miss Taylor presented the updated Corporate Risk Register and said there was one additional risk CR36: Service Development & Screening Division Staffing Issues and that the rating of CR25: PHA Belfast Accommodation had been reduced from high to medium. The Chair stated that without breakdown of the information on the circumstances giving rise to the new risk it would be impossible for GAC to provide the necessary assurance to PHA Board.

CR35: Service Development & Screening Division Staffing Issues

The Chair asked if figures were available for Voluntary Exit Scheme (VES). Miss Taylor said she did not have detailed information but that risk related to staff absences which included sick leave, maternity leave, vacancy control and the impact of VES.

Mrs Tennyson also assured the Chair that all Directorates were working to review and mitigate the impact of VES.

CR25: PHA Belfast Accommodation

The Chair asked about the longer term uncertainty of accommodation for Belfast. Miss Taylor said that the Department and DFP are to carry out a wider review of all Regional Health Bodies accommodation in Belfast. Miss Taylor added that the Department has approved the business case for the extension of the lease for Alexander House for a further two years and that a business case for the extension of the lease for Ormeau Baths would also be submitted to the department prior to the current lease expiry in February 2017.

Replacement of Non-Executive Director

Miss Taylor

Mr Drew suggested that as the composition of the PHA Board is not complete with the delays to the appointment of a new Non-Executive that this be added to the risk register. The committee agreed.

	Members approved the corporate risk register.	
7/16	Item 7 - Review of Standing Orders and Standing Financial Instructions Miss Taylor and Mr Cummings advised that the Standing Orders and the Standing Financial Instructions had been updated to reflect current guidance. Members approved the revised Standing Orders and Standing Financial Instructions and recommended them for PHA Board approval.	Miss Taylor
8/16	Item 8 - Review of PHA Scheme of Delegated Authority Mr Cummings presented the updated Scheme of Delegated Authority (SoDA) which had undergone a further revision, inline with EU thresholds and limits for SBNI. Members approved the updated SoDA and recommended it for PHA Board approval.	Miss Taylor
9/16	Item 9 - Information Governance Action Plan Miss Taylor updated members on the progress made taking forward the information governance action plan. The action plan was also reviewed by the Information Governance Steering group in January. She highlighted the 'timescale for completion' for the development of guidance for staff on small cell size publication advising that this was a complex piece of work but was content that good progress was being made. She added that with regards to the EDRMS system that technical advice is being sought from ITS. Members noted the action plan.	
10/16	Item 10 - Records Management Policy Miss Taylor advised that the Records Management Policy had been updated and approved by the Information Governance Steering Group. Members approved the revised Records Management Policy and recommended this for PHA Board approval.	Miss Taylor
11/16	Item 11 – Internal Audit Progress Report Mr Charles updated members on the 2015/16 Internal Audit Annual plan and audit summaries of the final reports issued since the last meeting. Two PHA audits are currently being finalised and will be brought to the next meeting. Mrs Charles also shared the findings of the BSO shared services audit for information. There were five priority one findings and of these one relates to maternity which	

affects all HSC organisations.

Payroll Shared Service (2nd audit)

Mr Drew raised his concerns regarding the levels of service and the impact on HSC organisations. Mr Cummings assured members that the significant risks were not generally applicable to the PHA. He said that service improvement plans were in place and that progress is being made but it is still remains a concern for all HSC organisations.

Members **noted** the progress report.

12/16 Item 12 – Finance - Report To Those Charged with Governance Progress Report

Mr Cummings presented the progress report on the implementation of recommendations cited in the report. He advised that good progress has been made in addressing the two issues (PHA leases and Prompt payment).

Members **noted** the report.

13/16 Item 13 – Fraud Liaison Officer Update

Mr Cummings advised there were no live cases relating to the PHA. He added that Fraud awareness week took place during November 2015 and noted two circulars HSC (F) 54 Counter Fraud responsibilities of all HSC & NIFRS Employees and HSC (F) 57-2105 Managing Fraud Risk in a Changing Environment.

Members **noted** the report.

14/16 Item 14 – Timetable for Annual Accounts and Report Process 2015/16

Mr Cummings advised that the Department had issued a circular setting out the timetable for statutory reporting, auditing, laying and publishing process for 2015/16 covering annual accounts; governance statement and the annual report.

He summarised the working timetable and key dates for PHA.

Members **noted** the timetable and process.

15/16 Item 15 – External Audit PHA Audit Strategy 2015/16

Mr O'Neill presented the audit strategy to members for noting and gave a verbal update of the audit approach and key elements.

Members **noted** the Audit Strategy.

16/16

Item 16 – Allied Health Professional Assurance Framework

Mrs Tennyson presented the Allied Health Professional (AHP) Assurance Framework and gave a verbal update to members. The framework articulates the professional framework and processes for AHPs between the PHA/HSCB and the HSC Trusts. The key performance and assurances roles and responsibilities are corporate control, safety and quality, finance and operational performance and service improvement. The PHA is responsible for monitoring and reporting to the Department on Trust compliance with standards for Medical/Nursing and AHPs.

Members **noted** the assurance framework.

17/16

Item 17 - Date of next meeting

Date 8 April 2016

Time 12 noon

Venue CR 3/4, 2nd floor, Linenhall Street, Belfast

Signed: Mr Les Drew

Dated: 11 April 2016

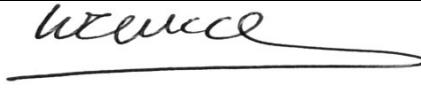


Date of Meeting	19 May 2016
Title of Paper	PHA Assurance Framework
Agenda Item	10
Reference	PHA/03/05/16

Summary

The PHAs Assurance Framework provides the systematic assurances required by the PHA board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

The attached documents reflect a review of the Assurance Framework 2015-17 as at April 2016.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	The Assurance Framework was approved by AMT on 22 March 2016 and by the Governance and Audit Committee on 11 April 2016
Recommendation / Resolution	For Approval
Director's Signature	
Title	Director of Operations
Date	11 April 2016

Assurance Framework 2015/17 – review as at April 2016

Background

Good governance depends on having clear objectives, sound practices, a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements.

The PHAs Assurance Framework is designed to meet these duties. It provides the systematic assurances required by the PHA Board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

Review

As per the reporting arrangements documented within the Assurance Framework 2015-2017, a review is required on a bi-annual basis.

The Assurance Framework has been circulated to each PHA Directorate, Finance colleagues within HSCB, and Equality and HR colleagues within BSO. The following amendments have been made:

Page	Paragraph / Dimension	Amendment
3	Paragraph 3 & Paragraph 4	2016/17 dates inserted.
3	Paragraph 3	After the sentence "The priorities and targets set have been shaped by the Departmental priorities and the longer term goals that have been set out in the PHA Corporate Strategy 2011-15" the following was added: "(extended to cover the period 2016/17 in line with DHSSPS advice.)"
3	Paragraph 4	The dates 2016/17 added to reference to the Business Plan.
5	Paragraph 4	PHA Annual Business Plan date changed from 2015/16 to 2016/17.
8	Dimension 1 Corporate Strategy	Gaps in Controls/Assurance – text added: Delayed to align with the NI Assembly term "as per DHSSPS advice."

		Action to Remove Gaps – text added: Current strategy “extended to cover 2016/17”.
9	Dimension 1 Report on compliance with controls assurance standards	Reports to AMT and GAC changed from “Approval” to “Noting”.
9	Dimension 1 Corporate Risk Register	Reports to GAC changed from “Scrutiny” to “Scrutiny & Approval”.
13	Dimension 1 Information Governance Strategy	In the Principal Area/Function/Reporting Arrangements column text removed: “incorporating Information Governance Framework”.
14	Dimension 1 Business Continuity Plan (Annual Review)	Inserted Reports to GAC for “Recommend to PHA board for approval”.
19	Dimension 2 Statutory Midwifery Supervision – Compliance with Statutory requirements	Principle Risks - text added: “Storage of files and documents pending the removal of statutory Supervision of Midwives on the 31 st March 2017”. Reports to AMT - frequency updated to read: “Annually for Audit reports and complaints and incidents in relation to Midwives practice, inclusive of status, outcomes and learning”.

Recommendation

The Board is asked to approve the amendments to the Assurance Framework 2015-2017 noted above, as at 1 April 2016.

11 April 2016



Assurance Framework

2015-2017

Review as at April 2016

INTRODUCTION

The PHA has a duty to carry out its responsibilities within a system of effective control and in line with the objectives set by the Minister. It must also demonstrate value for money, maximizing resources to support the highest standards of service.

A key element of a system of effective control is the management of risk. It is vital the PHA discharges its functions in a way which ensures that risks are managed as effectively and efficiently as possible to meet corporate objectives and to continuously improve quality and outcomes. This means that equal priority needs to be given to the obligations of governance across all aspects of the organization whether financial, organisational or clinical and social care and for governance to be an integral part of the organisation's culture. Good governance depends on having clear objectives, sound practices, a clear understanding of the risks associated with the organisation's business and effective monitoring arrangements.

In order to meet these duties, the PHA has prepared this Assurance Framework. The framework will provide the systematic assurances required by the PHA Board on the effectiveness of the system of internal control by highlighting the reporting and monitoring mechanisms that are necessary in discharging our functions and duties.

BACKGROUND

In April 2009, DHSSPS issued '*An Assurance Framework: A Practical Guide for Boards of DHSSPS Arm's Length bodies*'. The Framework guidance is intended to help the boards of HSC organisations improve the effectiveness of their systems of internal control, by showing how the evidence for adequate control can be marshalled, tested and strengthened within an Assurance Framework.

The HSC Paper Performance and Assurance Roles and Responsibilities (MIPB 74/09) issued in April 2009, sets out performance and assurance roles and responsibilities in relation to four key HSC domains and identifies the key functions and associated roles and responsibilities of DHSSPS, HSCB, PHA, BSO, Trusts and other Arm's Length Bodies.

In September 2011 the DHSSPS produced a Framework Document to meet the statutory requirements placed upon it by the Health and Social Care (Reform) Act (NI) 2009. The Framework Document describes the roles and functions of the various health and social care bodies and the systems that govern their relationships with each other and the Department. The Framework Document outlines the four performance and assurance dimensions previously introduced in the MIPB 74/09 paper.

STRATEGIC CONTEXT

The PHA is governed by Statutory Instruments: HPSS (NI) Order 1972 (SI 1972/1265 NI14), the HPSS (NI) Order 1991 (SI 1991/194 NI1), the Audit and Accountability (NI) Order 2003 and the Health and Social Care (Reform) Act (Northern Ireland) 2009.

The primary functions of the PHA can be summarised under 3 broad headings:¹

- Improving health and social well-being and reducing health inequalities;
- Health protection;
- Professional input to commissioning of health and social care services and providing professional leadership.

In carrying out these functions the PHA also has a general responsibility for promoting improved partnership between the HSC sector and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in public health and social well-being. The PHA also has a range of statutory duties in the area of Public Health, Supervision of Midwives and PPI under the duty to Involve and Consult. It is also responsible for the commissioning and quality assurance of existing and new screening programmes. In discharging these duties the Agency shall maintain the highest standards of decision-making. The detail of these duties is set out in various legislation, regulations or other guidance documents.

The Agency's Business Plan [2016/17](#) sets out the key priorities that will be taken forward by the PHA that will help to improve health and social wellbeing and protect the health of the community. The priorities and targets set have been shaped by the Departmental priorities and the longer term goals that have been set out in the PHA Corporate Strategy 2011-15 ([extended to cover the period 2016/17 in line with DHSSPS advice.](#)) The Business Plan is focused around the 4 key goals as set out in the Corporate Strategy 2011-15. These are:

- Protecting Health
- Improving Health and Wellbeing
- Improving quality & Safety of Health and Social Care Services
- Improving Early Detection of Illness

In working to deliver these goals, the PHA has identified a number of common themes that shape how the organisation takes forward its work and these have been reflected in the Business Plan [2016/17](#) under the following sections:

- Using evidence, fostering innovation & reform
- Developing our people and ensuring effective processes

¹ DHSSPS Framework Document September 2011

PHA ASSURANCE FRAMEWORK

The PHA assurance framework is based broadly around the four HSC performance and assurance dimensions as set out in the DHSSPS Framework Document (September 2011) namely:

1. Corporate Control – the arrangements by which the PHA directs and controls its functions and relates to stakeholders.
2. Safety and Quality – the arrangements for ensuring that health and social care services are safe and effective and meet patients' and client's needs.
3. Finance – the arrangements for ensuring the financial stability of the PHA, for ensuring value for money and ensuring that allocated resources are deployed fully in achievement of agreed outcomes in compliance with the requirements of the public expenditure control framework.
4. Operational Performance and Service Improvement – the arrangements for ensuring the delivery of Departmental targets and required service improvements.

The Framework Document states that “each HSC body is locally accountable for its organisational performance across the four dimensions and for ensuring that appropriate assurance arrangements are in place. This obligation rests wholly with the body’s board of directors. It is the responsibility of boards to manage local performance and to manage emerging issues in the first instance.”

The PHA Assurance Framework must also link with its corporate objectives and risks. An effective Assurance Framework provides a clear, concise structure for reporting key information to boards, and should be read alongside the corporate risk register to provide structured assurance about how risks are managed effectively to deliver agreed objectives.

The following tables form the basis of the Assurance Framework and have been structured according to the DHSSPS performance and assurance dimensions, with a link to the relevant corporate objectives and primary risks.

This Assurance Framework provides the organisation with a simple but comprehensive method for effectively managing the principal risks to meet its objectives. It also provides a structure for acquiring and examining the evidence to support the Governance Statement and the Mid-Year Assurance Statement.

LINKS TO OTHER PHA POLICIES AND DOCUMENTS

The following policies and documents should be read in conjunction with the PHA Assurance Framework:

- PHA Risk Management Strategy and Policy
- PHA Corporate Risk Register
- PHA Corporate Strategy 2011 – 2015
- PHA Annual Business Plan [2016/17](#)
- PHA Governance Framework

REVIEW AND APPROVAL

The Assurance Framework will be reviewed on a bi-annual basis. It will be brought to the Governance and Audit Committee and the PHA board on an annual basis for approval.

Dimension 1: Corporate Control

The dimension of ‘corporate control’ encompasses the policies, procedures, practices and internal structures which are designed to give assurance that the PHA is fulfilling its essential obligations as a public body. For that reason, most of the requirements reflect those in place across the wider public sector; however, there are a number that have been instituted specifically for the field of health and social care, notably the statutory duty of care created by Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003, and the statutory duty to Involve and Consult with the recipients of health and social care created by sections 19 and 20 of the HSC (Reform) Act (NI) 2009.

The staple public sector requirements include the existence of appropriate board roles, structures and capacity; compliance with prescribed standards of public administration, national or regional policy on procurement and pay, operation of a professional internal audit service and corporate and business planning approvals. The accounting officer letter of appointment will spell out the principles underlying many of these obligations, while the letters appointing chairs and non-executive members of the board will also give due emphasis to this aspect of the appointees’ duties.

The table below highlights the corporate control requirements for the PHA along with how the PHA meets each obligation by way of providing assurances to the board and its Committees.

DIMENSION 1 - PHA Corporate Control Arrangements

Link to Corporate Objectives:

Corporate Objective 6 - Developing our People and ensuring effective processes

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps		
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>					
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency				
Governance Statement signed by Chief Executive	All risks on Corporate Risk Register	AMT	Approval	Annual	Governance & Audit Committee	Recommendation to the board	Annually	Approval	Annual				
Mid Year Assurance Statement signed by the Chief Executive	All risks on Corporate Risk Register	AMT	Approval	Annual	Governance & Audit Committee	Recommendation to the board	Annually	Approval	Annual				

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Corporate Strategy	All risks on Corporate Risk Register	AMT	Approval	3-4 years				Approval	3-4 years	Delayed to align with the NI Assembly term, as per DHSSPS advice .	Current strategy extended to cover 2016/17. Process in place to develop new strategy.
Annual Business Plan	All risks on Corporate Risk Register	AMT	Approval	Annual				Approval	Annual		
An Assurance Framework to strengthen board-level control and assurance and strengthen the Governance Statement	All risks on Corporate Risk Register	AMT	Approval	Bi-Annual	Governance & Audit Committee	Approval	Bi-Annual	Approval	Annual or more frequently if required		

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps		
		Reports to AMT/Sub Committees/Groups			Committee of the Board (following approval by AMT)			The Board (following approval by AMT)					
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency				
Report on compliance with controls assurance standards	All risks on Corporate Risk Register	AMT	Approval Noting	Annual	Governance & Audit Committee	Approval Noting	Annual	Noting	Annual				
Corporate Risk Register (supported by Directorate Risk Registers)	All risks on Corporate Risk Register	AMT	Approval	Quarterly	Governance & Audit Committee	Scrutiny and Approval	Quarterly	Noting	Annual or more frequently if required				
PHA Annual Report	N/A	AMT	Approval	Annually	Governance & Audit Committee	Recommendation to the board	Annual	Approval	Annual				
Governance & Audit Committee Annual Report	N/A				Governance & Audit Committee	Approval	Annually	Noting	Annual				

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps		
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>					
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency				
Response to DHSSPS consultation proposals	N/A							Approval	As Required				
Sealing of Documents	N/A							Approval	As Required				
Review of Standing Orders and Standing Financial Instructions	N/A	AMT	Approval	Annually	Governance & Audit Committee	Recommendation to the board	Annually	Approval	Annual				
Register of Board Members Interests	N/A							Noting	Annual				

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps		
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>					
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency				
Gifts and Hospitality Register	N/A	AMT	Noting	Annually	Governance & Audit Committee	Noting	Annually						
Equality Scheme and subsequent review	N/A	AMT	Approval	Reviewed within 5 years of submission (27/04/2011) or on request by ECNI				Approval	Reviewed within 5 years of submission (27/04/2011) or on request by ECNI				
Equality Action Plan	N/A	AMT	Approval	Every 5 years (after 31/3/13)				Approval	Every 5 years (after 31/3/13)				
Disability Action Plan	N/A	AMT	Approval	Every 5 years (after 31/3/13) or on request by ECNI				Approval	Every 5 years (after 31/3/13) or on request by ECNI				

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps		
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>					
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency				
Report on progress in respect of Equality and Disability duties under Section 75 of the NI Act 1998 and Disability Section 49A of the Disability Discrimination Order (DDO) 2006	N/A	AMT	Approval	Annual				Approval	Annual				
Report on Five Year Review of Equality Scheme under Section 75 of the NI Act 1998	N/A	AMT	Approval	within 5 years of Scheme submission (27/04/2011) or on request by ECNI				Approval	within 5 years of Scheme submission (27/04/2011) or on request by ECNI				

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps		
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>					
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency				
Article 55 Review (report to Equality Commission on staffing composition)	N/A	AMT	Approval	Three-yearly				Approval	Three-yearly				
Information Governance Strategy INEE Reporting Information Governance Framework 2015-2019	N/A	Information Governance Steering Group	Approval	Four-yearly	Governance & Audit Committee	Approval	Four-yearly	Noting	Four-yearly				
Information Governance Progress Reports	N/A	Information Governance Steering Group	Noting	Quarterly	Governance & Audit Committee	Noting	Quarterly	Noting	Annually				
PPI (update report)	N/A	AMT	Approval	Bi-annual				Approval	Bi-annual				

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps		
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>					
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency				
Remuneration of Executive Directors	N/A				Remuneration & Terms of Service Committee	Approval	Annual						
Absence Report (in Annual Report)	N/A							Noting	Annual				
Approval of New/Revised PHA Strategies and Policies	N/A	Relevant Sub Committee & AMT	Approval	As Required	Relevant Committee	Approval	As Required	Approval	As Required				
Business Continuity Plan (Annual Review)	N/A	AMT	Approval	Annually	Governance & Audit Committee	Recommend to PHA board for approval	Annually	Approval	Annually				

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps		
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>					
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency				
Emergency Preparedness Plan	N/A	AMT	Approval	Annually	Governance & Audit Committee	Noting	Annually	Approval	Annually				
Internal Audit Reports	All Risks on Corporate Risk Register				Governance & Audit Committee	Noting	Quarterly						
Mid Year & End of Year Head of Internal Audit Report	N/A				Governance & Audit Committee	Noting	Bi-annually						
Internal Audit Plan	All risks on Corporate Risk Register				Governance and Audit Committee	Approval	Annual						

Principal Area/ Function/Reporting Arrangements	Principal Risks	Existing Controls & Assurances								Gaps in Controls/ Assurances	Action to Remove Gaps		
		Reports to AMT/Sub Committees/Groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>					
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency				
Minutes of Governance and Audit Committee	N/A				Governance & Audit Committee	Approval	Quarterly	Noting	Quarterly				
Minutes of Remuneration and Terms of Service Committee	N/A				Remuneration & Terms of Service Committee	Approval	Bi-Annually	Noting	Bi-Annually				
Chief Executive Report	N/A							Noting	Monthly				

DIMENSION 2 – Safety and Quality

The second dimension covers the arrangements whereby the PHA ensures that health and social care services, are safe and effective and meet people's needs. This covers a broad field and applies to all programmes of care and to infrastructure.

In addition to the numerous operational/professional requirements that concern or touch on safety and quality, there are more general requirements with which compliance is demanded. In the latter category, those issued by DHSSPS include the Quality Standards², Care Standards, and applicable Controls Assurance standards. The most notable, being the statutory duty of quality created under the HPSS (Quality, Improvement and Regulation) (NI) Order 2003.

The table below highlights the safety and quality functions required by the PHA. It also shows how the PHA meets each obligation by way of providing assurances to the board and its Committees.

² The Quality Standards for Health and Social Care: Supporting good governance and best practice in the HPSS (DHSSPS, March 2006)

DIMENSION 2 - PHA Safety and Quality Assurance Arrangement

Link to Corporate Objectives: **Corporate Objective 1 - Protecting Health**
Corporate Objective 3 - Improving Quality & Safety

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Learning lessons from Serious Adverse Incident reporting		AMT Bi-annual learning Report)	Approval	Quarterly (bi-annual report and statistical analysis report presented in alternate quarters)	Governance & Audit Committee (Quarterly Analysis and Learning Report)	Noting	Biannual	Approval	Biannual		
Implementation of RQIA and other independent review recommendations relevant to PHA	N/A	AMT	Noting	6 Monthly				Noting	6 Monthly		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Director Public Health Annual Report	N/A							Noting	Annually		
Statutory Midwifery Supervision – Compliance with Statutory requirements	Storage of files and documents pending the removal of statutory Supervision of Midwives on the 31 st March 2017	AMT	Approval	Annually for Audit reports and complaints and incidents in relation to Midwives practice, inclusive of status, outcomes and learning.				Noting	Annually		
Complaints		AMT	Approval	Annually or more frequently if required	Governance & Audit	approval	Annually or more frequently if required	Noting	Annually		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Patient & Client Experience Standards and PCE updates.		AMT	approval	Bi-annual				noting	Annually		
Quality Improvement Plans – Performance Management Report		AMT	Approval	Bi-annually				Approval	Annually		
Healthcare Associated Infections (HCAI) report	N/A	AMT	Approval	Quarterly				Noting	Quarterly		
Connected Health Updates	N/A							Noting	Three per annum		

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal/ Function/Reporting Arrangements	Principal Risks	Reports to AMT/sub committees/ groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
AHP Strategy	N/A	AMT	Noting	Bi-annual							
Family Nurse Partnership Annual Report	N/A	AMT	Approval	Annual				Approval	Annual		

DIMENSION 3 - FINANCE

Appropriate financial accountability mechanisms are necessary to:

- Ensure that the optimum resources are secured from the Executive for Health and Social Care
- Ensure the resources allocated by Minister/Department deliver the agreed outcomes and represent value for money
- Deliver and maintain financial stability
- Facilitate the delivery of economic, effective and efficient services by rewarding planned activity that maximises effectiveness and quality and minimises cost
- Facilitate the development of innovative and effective models of care

The table below highlights the PHA finance requirements. It also identifies how the PHA meets each obligation by way of providing assurances to the board and its Committees.

DIMENSION 3 - PHA Finance Assurance Arrangement

Link to Corporate Objectives: **Corporate Objective 6 - Developing our People & Ensuring Effective Processes**

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Finance Report from Director of Finance (HSCB)	N/A	AMT	Review and Noting	Monthly				Review and Noting	Monthly		
DHSSPS Monitoring Returns (Monthly 2-12) Including info on HSC Financial Position, Capital Resource Limit and Expenditure, Non-Current	N/A	Senior Finance Team	Review and noting	Monthly (2-12)				Prompt pay figures now reported as part of the board report	Monthly		

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Assets, Provisions and Prompt Payment statistics											
Response to Budget Proposals prepared by PHA contributed to by the Finance Dept contribution to development of Joint Commissioning Plan	N/A	AMT	Approval	Annual				Approval	As determined by DHSSPS		
PHA Financial Plan (consistent with DHSSPS principles of 'Promoting Financial Stability'	N/A	AMT	Approval	Annual				Approval	Annual		

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Annual Report and Accounts GAC and PHA board full accounts and supporting financial excerpt in Annual Report. AMT summary financial statements	N/A	AMT	Noting (Primary statement only at draft submission stage)	Annual	Governance & Audit Committee	For review of full draft and Recommendation to the board	Annual	Approval	Annual	Not formally presented to AMT prior to The Board due to time constraints	Financial Report shared in advance and full accounts shared at Board and with GAC members and CX when draft complete. Issues discussed as necessary
External Audit Report to Those Charged with Governance	N/A	AMT	Noting and provision of responses to recommendations.	Annually	Governance & Audit Committee	Review and Noting of recommendations and appraisal of management responses	Annual	Noting	Annual	Not formally presented to AMT prior to The Board due to time constraints	Discussed with AMT officers for management responses

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
External Audit Progress Report	N/A				Governance & Audit Committee	Review and Noting	Quarterly				
Fraud Prevention and Detection Report	N/A				Governance & Audit Committee	Noting	When appropriate – not less than 1 per annum				
Use of External Management Consultants	N/A	AMT	Noting	Annually or more frequently as required.							
PHA Capital Expenditure in excess of £50,000	N/A	AMT	Approval or recommendation to board	As required				Approval or recommendation on to DHSSPS/DFP dependant on delegated limits	As Required		

Principal Area/Function/ Reporting Arrangement	Principal Risks	Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
		Reports to AMT/sub committees/ groups			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Disposal of PHA Assets in excess of £50,000	N/A	AMT	Recommendation to Board	As required				Approval	As Required		

DIMENSION 4 - Operational Performance and Service Improvement

Performance management and service improvement arrangements are those that are necessary to ensure the achievement of Government and Ministerial objectives and targets.

The table below highlights the PHA requirements identifying how the PHA meets each obligation by way of providing assurances to the board and its Committees.

DIMENSION 4 - PHA Operational Performance and Service Improvement Assurance Arrangement

Link to Corporate Objectives: **Corporate Objective 2 - Improving Health & Wellbeing**
Corporate Objective 4 - Improving Early Detection
Corporate Objective 5 - Using Evidence, Fostering Innovation & Reform

		Existing Controls / Assurances								Gaps in Controls/ Assurances	Actions to Remove Gaps
Principal Area/ Function/Reporting Arrangements	Principal Risks	Reports to Sub-Committee of the Board			Committee of the Board <i>(following approval by AMT)</i>			The Board <i>(following approval by AMT)</i>			
		To	Purpose	Frequency	To	Purpose	Frequency	Purpose	Frequency		
Performance Report (including commission direction targets and corporate objectives)	N/A	AMT	Noting	Quarterly				Noting	Quarterly		
Commissioning Plan	N/A	AMT	Approval	Annually				Approval	Annual		
PEMS report	N/A							Noting	Biannually or more frequently as required.		

Public Health Update Reports: Health Improvement Health Protection Service Development & Screening Research & Development	N/A							Noting	Annually		
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Date of Meeting	19 May 2016
Title of Paper	Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 31 March 2016
Agenda Item	12
Reference	PHA/05/05/16
Summary	
This report highlights PHA performance against the 66 targets in the Annual Business Plan and a further 3 targets from the Commissioning Plan Directions. The final outcome for achievement was – 50 Green, 16 Amber and 3 Red.	
Equality Screening / Equality Impact Assessment	N/A
Audit Trail	The Performance Management Report was approved by AMT on 10 May 2016.
Recommendation / Resolution	For Noting
Director's Signature	
Title	Director of Operations
Date	11 May 2016



DRAFT

PERFORMANCE MANAGEMENT REPORT

Monitoring of Targets Identified in

The Annual Business Plan 2015 – 2016

& Commissioning Plan Directions 2015

March 2016

Overview

This report provides the final update on achievement of the targets identified in the **PHA Annual Business Plan 2015-16** and in the **Commissioning Plan Directions (Northern Ireland) 2015**.

The updates provided by the Lead Officers responsible for each target are for the period ending 31st March 2016.

This document also provides an update on all FIVE Commissioning Plan Direction targets for which the PHA is responsible. Two of these Commissioning Plan Direction targets are included within the Annual Business Plan. Monthly updates on the Commissioning Plan Direction targets are provided to the DHSSPS.

2

There are a total of **66 targets** in the Annual Business Plan and a further **3 targets** in the Commissioning Plan Directions.

Of these 69 targets - **50** are coded as green for achievement, **16** as amber and **3** as red.

The three targets with a “Red” status are:

- **2.8 – Telehealth and Telecare Services.** Targets for Telecare were met, but not those for Telehealth. (Page 12). This had been recorded as ‘Red’ in December.
- **3.20 – Long Term Conditions Regional Implementation Group** - Recurrent funding has not been available to deliver on the action plan (Page 31). This had been recorded as ‘Red’ in December.
- **Commissioning Plan Direction target for Family Nurse Practitioners.** – Funding was not available for the roll out of the FNP scheme (P46). This had been recorded as ‘Amber’ in December.

3

Three targets moved from Green to Amber – 3.5 (Page 22); 3.17 (Page 30) and 6.12 (Page 42).

Five targets moved from Amber to Green – 3.15 (Page 30); 3.22 (Page 33); 6.8 (Page 41); 6.14 (Page 43) and 6.16 (Page 44).

1. PROTECTING HEALTH

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
1.1) Work with the HSC Trusts to secure a further reduction of 20% in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and in-patient episodes of MRSA bloodstream infection. <i>(Commissioning Plan Direction target)</i>	<p>This HCAI reduction target is a composite target comprising individual Trust reductions in MRSA and CDI cases to be delivered during 2015-16.</p> <p>At 31st March the regional MRSA target has been breached – 75 cases have been reported compared to an annual targets of 49 cases. Within this regional position two trusts (Southern and Western) are at or below their individual MRSA target. Northern Trust has breached its individual MRSA target (target +11). South Eastern Trust has breached their individual MRSA target (target +2). Belfast Trust has also breached its individual MRSA target (target +16) for the full financial year.</p> <p>At 31st March the upper limit of the regional CDI target has been reached - 391 cases have been reported with a full year target also of 309 cases. Within this regional position one Trust (Northern Trust) is at their regional target. Four Trusts have breached their individual CDI target for the full financial year (BT, SET, ST & WT). Belfast Trust has breached its individual CDI target (target +14), South Eastern Trust has breached its CDI target (target +31) and Southern Trust has breached its CDI target (target</p>	A	A	A	<p>PHA HCAI lead has visited each Trust to discuss current HCAI improvement challenges and explore potential to align IPC/HCAI and quality improvement (QI) skills and capability going forward. Further work is required in this regard.</p> <p>Trusts highlight challenges relating to prescribing in primary care. PHA HCAI lead met with HSCB Directorate of Integrated Care (Pharmacy & GMS divisions) on 21st Sept and 25th Nov to discuss planned service developments into 2016. A joint PHA/HSCB operational subgroup of HCAI & AMRS Project Board has been established (ASOG) to drive progress in stewardship, with particular emphasis on primary and community care settings.</p> <p>Prescribing guidelines for primary and community care settings have been refreshed and are now available to download through an App. Hard copy resources will be widely distributed</p>

+21). Western Trust has also breached its individual CDI target (target + 16) for the full financial year.

across HSC during Q1 2016. DHSSPS has asked PHA to work with Trusts to agree a broader set of indicators relating to HCAI and AMRS, to provide a broader assessment of HCAI position/progress. HCAI lead will progress this work with Trusts from early 2016. It is expected that this 'integrated indicator' will be agreed and operational for April 2017. DH(L) & PHE patient safety alert relating to antimicrobial resistance discussed at meeting of SAMRHAI (16th Oct). Alert is expected to issue across HSC in early Jan 16. PHA HCAI lead met with RQIA on 7th Dec 2015 to clarify context and approach to recommendations (x4) for PHA in recently published reports of IPC governance arrangements in Trusts. PHA HCAI lead facilitated an HCAI & AMRS shared learning visit between Belfast Trust and Leeds teaching Hospitals Trust on 6th Nov 2015. Learning arising from this visit has been shared across BHSCT and was discussed with the Trust C Ex on 2nd Dec 2015.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6	<ul style="list-style-type: none"> ▪ PHA draft plan to go to AMT end October / November for approval ▪ A proposed training programme for 'Operational Response Cell' staff in the plan is to be agreed and staff time and resources allocated to same. This would be joint training with HSCB as the same functions are needed for the Joint Response Plan. ▪ A further piece of HR work is also proposed in relation to AfC staff working in an emergency. 	G	A	A	<p>Plan went to AMT on the 16th February 2016 and was approved pending further discussions and clarification with HR in relation to AfC staff policy in emergencies. Needs further follow up with HR to implement.</p> <p>Training programme will be put in place following implementation by HR.</p>
	<p>Continuation of regional EBV teleconference until June 2015. Ebola Stock Take Workshop Sept 2015. Report and recommendations re forward planning in draft.</p> <p>Outbreak in West Africa in concluding stages but vigilance still required. Screening at UK ports now discontinued. Plans for monitoring of survivors in progress.</p>	G	G	G	
	<p>Proactive communications through multiple channels continues, highlighting a range of health protection issues across the year. This includes communication through news releases and social media.</p>	G	G	G	

2. IMPROVING HEALTH AND WELLBEING & TACKLING HEALTH INEQUALITIES

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
Giving Every Child the Best Start - Theme 1 Making Life Better					
2.1) Implement Phase One of Early Intervention Transformation Programme in relation to universal midwifery, health visiting and pre-school services (Work stream one).	<p>Analysis of readiness to implement completed following completion of questionnaire (National Implementation research Network);</p> <p>Time scale for pilot phases:</p> <ul style="list-style-type: none"> • 3+ Year Review April – June 2016 • Named Health Visitor per preschool setting – April – June 2016 • Recruitment of antenatal mothers to group based antenatal care and education – May 2016 <p>Evidence based operational manuals including practice standards and criteria developed; Solihull training programme being delivered by CEC on schedule; Outcomes Based Accountability (OBA) workshops have been held in all HSC Trusts. OBA measures agreed and data collection tools being finalized. IPTs signed. Recruitment in 5 Trusts currently in progress.</p> <p>One proposal received in relation to PHA/AP/EITP research call relating to Work Stream one.</p>	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.2) Implement Phase One of the Early Intervention service and family support hubs. (Work stream two)	<p>Procurement has progressed and is on schedule with contracts issued from August 2015.</p> <p>Further tendering undertaken on parenting programmes complete.</p> <p>Early Intervention Support Services (EISS) are operational and related research and monitoring processes are being finalised.</p>	G	G	G	
2.3) Lead the expansion of Family Nurse Partnership to two further Trusts (funding permitting)	Achieved: FNP available in all five HSC Trusts	G	G	G	
2.4) Implement the regional Infant Mental Health plan and commission training to HSC and early year's workforce.	<p>Public Consultation process completed and 35 responses received. Analysis being undertaken and revised Plan approved by PHA AMT and Board in March 2016.</p> <p>Infant Mental Health service development on agenda of HSCB and plans produced by CAMHS commissioners.</p> <p>Infant Mental Health 2015/16 training programme implemented and Solihull Approach Training Plan being developed, informed by regional workshop which took place in March 2016.</p>	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.5) Implement the Action Plan for the Breastfeeding Strategy for Northern Ireland.	<p>Breastfeeding Action Plan being rolled out with infant feeding data and Key Performance Indicators regularly reviewed by BSISG. Next meeting scheduled for 19th May 2016.</p> <p>Rates appear to be static and increased effort is being given to key aspects of the Action Plan.</p> <p>Focus group research findings shared with BSISG, action to be taken regarding staff update training.</p> <p>WHO Code seminar requested and organised to be held 26 October.</p> <p>Social media planning undertaken and BSISG invited to contribute. New 'Welcome Here' Scheme membership highlighted with International Airport on board.</p> <p>The Regional Lead completed a NI submission for the UK World Breastfeeding Trend Initiative. The Breastfeeding Strategy and the implementation through the Breastfeeding Strategy Implementation Steering Group is recognised as very positive despite the challenge of low rates in NI.</p> <p>BFI activity in this quarter included; 2 x Audit courses (1 day) 4 x Breastfeeding and Relationship Building (2 day) 1 x Reassessment of SHSCT Health Visiting Service</p>	G	G	G	

<p>10</p> <hr/>	<p>in Armagh Dungannon and Craigavon Banbridge locality was undertaken in March, with excellent results.</p> <p>PHA continues to support the National Infant Feeding Network NI meetings, as chaired by WHSCT Breastfeeding Lead. A meeting was held on 8 March 2016.</p> <p>Breastfeeding Welcome Here Scheme continues to expand membership. Ards and North Down Borough Council joined the scheme and raised some media interest.</p> <p>Tiny Life has been supported to significantly increase the number of breast pumps available to mothers of infants in Neonatal Units.</p> <p>A Neonatal Infant Feeding Lead for each Trust Business Case was previously approved by AMT and is now awaiting confirmation of funding.</p> <p>Breastfeeding publications successfully updated, printed and distributed in this quarter.</p> <p>Lancet Breastfeeding Series publication (Feb 2016) noted and disseminated among stakeholders.</p>				
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Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
Equipped Throughout Life – Theme 2 Making Life Better					
2.6) Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB ensuring that good practice is promoted and health inequalities are identified and addressed in this area, and that services are responsive and make adequate adaptation to meet the health care needs of people with a learning disability.	<p>The Regional Learning Disability Healthcare & Improvement Steering Group continues to work to progress improvement in the healthcare and health & social wellbeing of people with learning disabilities and to reduce inequalities in health for this client group.</p> <p>There are three Forums for specific areas of improvement:-</p> <ol style="list-style-type: none"> 1. Regional Health & Wellbeing Improvement; 2. Regional Health Care Facilitators; and; 3. Regional General Hospital Care Forum: Learning Disabilities <p>During 2014/15 the Health Care Facilitators and Health & Wellbeing Improvement Forums developed a two year plan to deliver on the strategic objectives. Recommendations requiring action in 2015/16 are being progressed.</p> <p>Health Care Facilitators Forum and Health Improvement & Wellbeing Forums have developed strong links within services areas and are working together to increase awareness of Health Care needs of people with Learning Disability and are influencing Health Improvement Plans.</p> <p>The Regional General Hospital Care Forum: Learning Disabilities was established in January 2015 and has identified priorities within their work plan to take forward during 2015/16.</p> <p>To date:-</p> <ul style="list-style-type: none"> • A scoping exercise has been undertaken across HSC Trusts to establish progress against the recommendations within the GAIN Guidelines • A draft Regional Hospital Passport has been developed for consultation and piloting. <p>All actions remain on track. Work plan for 2016-17 is currently being revised to take account of emerging priorities and building on work to date.</p>	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
Empowering Healthy Living – Theme 3 Making Life Better					
2.7) Continue and enhance proactive communications on health improvement to reflect PHA programmes, campaigns, observance days and partnerships.	Campaigns delivered for Cancer Awareness, Sexual Health, Mental Health, Smoking, Stroke Awareness and Obesity. Planning underway for Mental Health, and Dementia.	G	G	G	
2.8) Ensure Trusts continue to deliver Telehealth and Telecare services including through the Telemonitoring NI contract, to targets set by the PHA.	<p>Telehealth - at the end of March a total of 420,526 Monitored Patient Days (MPD) of Telehealth had been delivered through the Telemonitoring NI contract and 15,240 MPD through U-Tell in South Eastern Trust, against a target of 498,000 MPD for the year. This represents a final outturn of 88% of target.</p> <p>Telecare - at the end of March a total of 1,095,150 MPD of Telecare had been delivered against a target of 842,735MPD for the year. This represents a final outturn of 130% of target.</p>	A	R	R	<p>Targets for each Trust were established on a Trust-specific basis, i.e. not capitation shares. Against these targets, South Eastern Trust achieved 99%, Northern 91%. Belfast 86%, Southern 80%, and Western 70%, and</p> <p>During the year, Trusts reviewed their Implementation Plans for Telehealth and have produced recovery plans in an attempt to address projected shortfalls. Telehealth is being deployed in a wider range of areas such as Head and Neck Cancer and monitoring in support of Home Oxygen Service. The potential role within Acute Care at Home is being explored</p> <p>In early February CCHSC retracted funding from all Trusts except SET in line with the anticipated shortfall.</p> <p>Arrangements are in hand to agree Trust targets for 2016/17</p>

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.9) Embed the new drug and alcohol services tendered under the New Strategic Direction on Alcohol and Drugs (NSDAD) 2011-16 and the PHA/HSCB Drug and Alcohol Commissioning Framework 2013-16.	Monitoring arrangements are in place and progress against KPIs is underway. Targeted Education service commenced on 1 October 2015. Six of the new service areas are in place (1 July 2015). Remaining service area (Targeted Education) due to commence 1 October 2016. Service development work has commenced in relation to care pathways with key sectors.	G	G	G	
	The Tobacco Strategy Implementation Plan is being rolled out with KPI monitoring presented quarterly or annually to the TSISG (depending on data availability). Brief Intervention Training is being offered in HSCTs and with other groups such as Optometrists. It is anticipated that the delivery of BIT will escalate with the implementation of Smoke Free campuses in March 2016. Enforcement work is progressing well with test purchasing exercises being carried out across the region. Preliminary work has been undertaken on the new PIC.Data shows: All smokers: +13% vs KPI Pregnant smokers: -13% vs KPI Children & YP: -1% vs KPI Routine & Manual Smokers: +5% vs KPI	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.11) Support and lead multi-agency partnerships to oversee regional and local delivery of Protect Life and Mental and Emotional Wellbeing strategies such as the regional Bamford structures and local Protecting Life Implementation Groups' (PLIG) Action Plans.	Bamford Multi-Sectorial Working Group meets on a quarterly basis with good representation from all sectors. A regional action plan for suicide prevention and mental and emotional wellbeing is being rolled out. Local and regional priorities are discussed at each meeting of the Protect Life Implementation Groups (PLIGs) and shared actions and resources are being taken forward.	G	G	G	
2.12) Implement the obesity prevention action plan including: weight management programmes for children, adults, and pregnant women; development of a common regional Physical Activity Referral programme; implementation of Active Travel programme in schools; implementation of Active Travel Plan Belfast and public information and awareness	The multi-agency Action Plan was agreed in July 2015 and progress is monitored through the Regional Obesity Prevention Implementation Group. Progress at Quarter 3: <ul style="list-style-type: none"> - Active Travel schools programme – on track (schools, workplaces and communities) - Weigh to a healthy pregnancy programme – evaluation complete - Common regional Physical Activity Referral Schemes (PARS) - Facing significant delay due to essential IT development and compatibility with 11 new councils. Workshop with key stakeholders held on 30 November 2015 gained good support for proposed service model. - Weight Management programmes for primary school children and their families – ongoing discussion regarding scope and way forward taking place. Operations Team considering contracts/procurement/legal issues. 	G	A	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.13) Take forward recommendations of the RQIA 'Review of specialist Sexual Health services in Northern Ireland' in partnership with DHSSPSNI, HSCB and HSC Trusts.	<p>A joint workshop for Specialist Sexual Health Trust Liaison Group and the Specialist Sexual Health Commissioning Group was held on 1 May 2015. The current position was reviewed and key areas of work requiring regional action identified. Working groups to take forward the review of evidence and develop recommendations will be established.</p> <p>A draft Action Plan has been developed.</p>	G	G	G	
Creating the Conditions – Theme 4 Making Life Better					
15 2.14) Develop and implement programmes which tackle poverty (including fuel, food and finance poverty) and maximise access to benefits, grants and a range of services for vulnerable groups e.g. Home Safety check schemes.	<p>Implement regional MARA programme – all aspects of programme on track;</p> <ul style="list-style-type: none"> • Regional Fareshare programme redistributing 100,000 meals per quarter to 70 community food members throughout NI; • Approx 6,000 people per quarter benefit from the redistributed food • new FareShare - Food Cloud partnership currently underway which allows additional redistribution of unsold surplus food from retailers to its community food members • Regional Keep Warm Scheme for Rough Sleepers – equipment and clothing secured by lead partner ready for distribution via street outreach services to rough sleepers as required; • Regional Keep Warm Keep Well Scheme for Vulnerable Adults and Children -Requires full EU Tender Process – to be carried forward into 2016- 	G	G	G	

	<p>17 Financial Year</p> <ul style="list-style-type: none">• Range of benefits maximisation schemes/ Advice for Health Schemes in place across NI, supported by PHA – providing access to advice services for those with mental ill health and addictions issues;• Fuel Poverty – on-going support via PHA for Oil Buying Clubs, pilot programmes with local Councils on Affordable Warmth, energy efficiency measures being accessed for eligible households through NISEP scheme, energy efficiency awareness raising events targeting local community/ residents.				
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Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
2.15) Further develop the Travellers Health and Wellbeing Forum and delivery of the regional Action Plan.	<p>Regional Forum for Travellers Health established and Annual Action Plan agreed.</p> <p>New Traveller support posts have been commissioned and a new Mental Health and Emotional Wellbeing programme has been developed with Travellers. The multi-agency Regional Forum meetings take place on a regular basis.</p>	G	G	G	
Empowering Communities – Theme 5 Making Life Better					
2.16) Work with local government to align community planning and regeneration with support for community development and public health goals.	<p>Work continues with local government to align community planning with support for community development and public health goals.</p> <p>PHA continues to work with councils, individually and collectively, as well as contributing to each of the community planning partnerships to develop joint goals and shared outcomes for communities. Work has also begun to consider the alignment of indicators and data to monitor and measure impact and implementation.</p> <p>Alongside this, PHA is engaging with councils to align community planning and Making Life Better, the Public Health Strategic Framework. A shared programme, based on local need and regional direction, is currently being developed through this process to consolidate Making Life Better and community planning goals and demonstrate collaboration and impact.</p>	G	G	G	

Target from Business Plan	Progress	Achievability Sept Dec Mar	Mitigating actions where performance is Amber / Red		
Developing Collaboration – Theme 6 Making Life Better					
<p>2.17) Continue to work with key stakeholders (including local partnerships) to take forward the implementation of Making Life Better.</p>	<p>Work continues with key stakeholders to take forward the implementation of Making Life Better. The Regional Project Board continues to meet regularly with a current focus on developing a programme of action to demonstrate collaboration and impact. The Regional Project Board has agreed an outline programme of joint work areas for further development of actions and recent discussions have considered older people and healthy active ageing as a key area.</p> <p>Making Life Better communications and branding is also being considered with partners within and external to HSC.</p> <p>Engagement with local government is also underway through existing partnerships and community planning processes to identify key areas of joint working in line with community planning and Making Life Better.</p>	G	G	G	

3. IMPROVING THE QUALITY OF HSC SERVICES						
Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red	
		Sept	Dec	Mar		
3.1) Oversee and lead on the regional implementation of Phase 1 and pilot phase 4 of the electronic caseload analysis tool (ECATS) for district nursing and HV.	<p>Phase 1 has been implemented</p> <p>Phase 4 for health visiting currently software uploaded to BSO platform. Pilot on-going in South Eastern HSC Trust.</p> <p>Further refinements on district nursing required.</p> <p>Business case approved</p> <ul style="list-style-type: none"> • District Nursing event report completed for 2015 • Phase 3 underway for Strategic Workforce Analysis Tool (SWAT) for Public Health Nursing. <p>Health Visiting:</p> <ul style="list-style-type: none"> - pilot has been completed User Guidance developed for sign off by M Rafferty - A period of testing for Caseloads/Ranges has been completed and QA will need to be agreed with the Delivering Care Steering Group. skill mix and caseload ranges to be agreed with the expert reference group in May 2016 	A	A	A	<p>Phase 1. the revised implementation plans from all the HSCTS have been received .The additional review of the baseline wholt time equivalents in the second monitoring round are due in to the HSCB in May .</p> <p>Further refinements on district nursing required . The palliative care and 24 hour model has been drafted for condieration with PHA colleagues to approve the principles at the next working group. which will be completed in may the framework document will be drafted for approval at the june steering group meeting</p> <p>A period of testing for Caseloads/Ranges and QA has beenagreed with the Delivering Care Steering Group.The framework document will be completed and drafted for approval by the steering group in June</p>	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.2) Continue to implement phases 2-4 of the Delivering Safe and Effective Care Project (ED, DN and HV), and agree monitoring arrangements with HSCB for implementation of Phase 1	<ul style="list-style-type: none"> Monitoring arrangements Phase 1 achieved. 2nd phase of monitoring for 2016 underway with HSCB colleagues Phase 2 – ED framework document approved District nursing phase 3 – Hurst activity training completed. Data collection for workforce model on 19th -26th October with data analysis Jan/Feb 	A	A	A	K. Hurst provided National benchmarking across UK sites PHA completed review of ED gap analysis as a result of the benchmarking exercise. Phase two implementation may be considered in a series of stages the first concentrating on core ED . The PHA have developed a range of options for phased implementation of the ED normative plans .These have been shared with the unscheduled workplan.
3.3) Agree SBA volumes for CNS activity in acute settings and identify, develop and agree job plans with associated SBA volumes for CNS roles in acute/community and community settings.	<p>The achievement of the above target should be set at amber, as while there have been job plans agreed for CNS posts in acute settings along with indicative activity levels that could be equated to SBA volumes, internal Trust processes are still on-going to provide technical support on clinical coding for nurse led activity on patient administration systems.</p> <p>Internal Trust processes are still on-going in relation to the roll out of job planning for acute/community and community based CNS roles. PHA Nurse Consultants will concentrate on a small cohort of acute/community and community based CNS roles to develop evidence based commissioning specs and service modernisation plans, for example Neurology CNS roles.</p>	A	A	A	In the interim a number of commissioning specifications for CNS roles in an acute setting have been developed using best practice and professional guidance for which SBA volumes will be agreed moving forward, for example Cancer CNS roles.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.4) Along with HSCB lead the implementation of the NI Dementia Strategy and lead the OFMDFM/AP funded Dementia Signature Project (due to complete June 2017). Including the following key areas: <ul style="list-style-type: none"> • Information, support and advice including media campaign • Training including dedicated work with HSC Safety Forum, using a QI approach, to develop and implement a localized care bundle to prevent or treat patients with delirium • Innovative respite and short breaks • Regional review of memory OP services 	<ul style="list-style-type: none"> • Information, support and advice including media campaign - A dementia website is now operational through NI Direct. Two information booklets have just been launched and target those who are worried about having dementia and those who have been diagnosed. A dementia public awareness campaign is due to be launched in Aug. • Training - A NI Dementia Learning and Development Framework has been developed and a formal launch is expected in June by the Health Minister. Work continues to progress on a Delirium Collaborative in acute wards as well as ED. Targets have been agreed to implement a delirium bundle over the next two years. Currently over 500 staff have been trained. • Innovative short breaks and respite – Procurement is in the final stages and it is anticipated that the first pilots will commence in June 2016. • Regional Review of memory OP services -This work is almost completed and a report is due to DHSSPS in May. 	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.5) Ensure adherence to statutory midwifery supervision	<p>In accordance with the Midwives rules and standards (Rule 5) 10 Midwives have commenced the preparation for Supervision of Midwives and will complete in June 2016 However 1 midwife is on a temporary withdrawl due to ill health.</p> <p>(Rule 8) A further LSA conference was held on the 14th of April 2016 to ensure that all supervisors of midwives met their 6 hours of CPD per practice year for Midwifery supervision. An investigation workshop was also held on the 15th of January which supervisors can use to contribute to their CPD as well as other local training at Trust level.</p> <p>(Rule 9) The Ratio of Supervisors to midwives has been maintained at 1:14 below that of the recommended NMC ratio of 1:15. However the Southern Trust is experiencing a higher ratio than the other Trusts with the ratio fluctuating between 1:18 and 1:19 this is due to 2 supervisors on a leave of absence and a retirement. A plan has been put in place for 35 midwives to have their annual review completed by other supervisors in the Belfast, South Eastern and Western Trusts as an interim measure until June/ July when the supervisors in training have completed their course. This has been placed on the Risk register and the NMC have been informed through the quarterly monitoring return.</p> <p>(Rule 10) There have been 2 supervisory investigations completed since January 2015 One has</p>	G	G	A	A plan has been put in place for 35 midwives in the Southern HSCT to have their annual review completed by other supervisors in the Belfast, South Eastern and Western Trusts as an interim measure until June/ July when the supervisors in training have completed their course. This has been placed on the Risk register and the NMC have been informed through the quarterly monitoring return.

	<p>had a local action plan commenced following the outcome and the other was a suspension from practise as referenced under rule 14 below.</p> <p>(Rule 11) 3 Annual Audits of the H&SCT's to ensure the maintenance of the standards of practice by midwives and the standards of Supervision of the practice of midwives have been completed to date the remaining 2 will be completed by the 11th of May 2016.</p> <p>(Rule 13) LSA Annual report template for 16/17 has not been received yet from the NMC however this will be completed on receipt of same.</p> <p>(Rule 14) One midwife has been suspended from Practice by the LSA on the 7th of April and has been referred to the NMC Following a supervisory Investigation. The interim orders hearing at the NMC will take place on the 6th of May in Belfast.</p>			
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Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.6) Q2020 – Lead the development of the Annual Quality Report in conjunction with the HSCB.	This was completed and approved by HSCB/PHA Boards by end September.	G	G	G	
3.7) Take forward recommendations on the DHSSPS Regional Learning System (RLS).	No new funding identified to take forward the recommendations. Options being considered for recommendations which are considered “no cost” in nature and which could be taken forward locally and regionally through existing HSC regional groups.	G	G	G	Safety Strategy Unit at DHSSPS will be exploring with stakeholders how specific recommendations in the RLS report together with those recommendations in the Donaldson report relating to the reshaping of existing adverse incident reporting systems can be taken forward.
3.8) Working with HSCB continue to lead a programme of work to drive the reform of AHP services including <ul style="list-style-type: none"> • Improving data quality • Development of minimum staff activity levels • Capacity and demand analysis 	The PHA is continuing to work alongside the HSCB in completing the Demand & Capacity analysis across five Trusts. Initial meetings have been held with all Trusts, agreement reached on the template and calculations being used to work out any capacity gaps. To date:- WHSCT - exercise completed NHSCT - exercise completed SEHSCT- exercise completed SHSCT - exercise completed BHSCT - work in progress This work when completed will give expected activity levels across all the professions The PHA continues to work alongside HSCB information colleagues to improve data quality. Meetings have been arranged to progress regional pathway agreements across 6 AHP professions.	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.9) Continue the Regional Medicines management Dietician Initiative	<p>Work is on-going to progress the regional medicines management Dietetic service from a non- recurrent to a recurrent model. The commissioning of the service through the HSC Trusts had been explored.</p> <p>Letters were sent to Trusts Chief Executives on 13th October 2015 to seek formal Trust agreement to proceed with commissioning Prescribing Support Services and with transfer of MMDT staff. The Chief Executive of NHSCT has confirmed that they are willing to host this regional service from the Northern Trust subject to the completion of agreed final documents.</p> <p>Internal recruitment is currently being led by HSCB with PHA and NHSCT members, with interviews planned for June 2016. External recruitment will take place for any vacancies after the internal recruitment. The complete Medicines Management Dietetic team consists of 1x Band 8A Medicines Management Lead Dietician 4x Band 7 Medicines Management Dietician with support from Prescribing Support Assistants.</p>	A	A	A	The PHA continues to work with and provide the professional advice to HSCB Medicines Management colleagues

Target from Business Plan	Progress	Achievability	Mitigating actions where performance is Amber / Red		
		Sept	Dec	Mar	
3.10) Continue to take forward the implementation of the AHP Strategy, providing strategic direction, collaborating with HSC Trusts and other relevant partners regarding implementation of actions and the production of bi-annual progress reports.	<p>Further progress has been made in line with actions outlined within the AHP Strategy.</p> <ul style="list-style-type: none"> - Accountability arrangements have been clarified across all trust areas with the identification of one Director with responsibility for AHP governance and AHP Lead - Regional HSC AHP contracts for have been updated to meet regulatory requirements - The AHP Supervision Policy is being implemented across the region - The AHP Conference took place on the 21/1/16, which showcased a wide range of innovations which has demonstrated positive outcomes for patients - PPI standards and 'Engage and Involve' training has been launched regionally and all 1st year AHP UU students have received PPI training 	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.11) Continue the Review of AHP Support for Children/Young people with Statements of Special Educational Needs. Working with relevant partners, provide an interim report on findings and common themes identified from Phase 2 and work towards the agreement of a proposed regional model and implementation plan.	The review is now complete. The proposed framework, implementation plan, findings report and equality screening have been signed off by the Project Board and submitted to DHSSPS.	G	G	G	
	Departmental officials lead on this matter and it has been determined that no transfer of healthcare from YJA will occur at this time given the DHSSPS current position on not accepting any transfer of financial responsibility without meeting the requirements as laid out in Richard Pengelly's letter to HSCB. The C/EX YJA escalated nurse staffing shortage to the Board and PHA due to the significant risks. PHA nursing advice, support and recommendations provided to newly appointed Director at Woodlands in relation to nursing workforce and practice standards. Responsibility for health care at Woodlands remains with Juvenile Justice (JJ). Arrangements are in place so that JJ can avail of professional nursing support when this is required.	A	A	A	PHA/HSCB officials continue to meet with PSNI and Youth Justice Agency to provide support and advice regarding potential changes to healthcare provision in Police Custody and Woodlands.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.13) Lead, co-ordinate and monitor on behalf of the Department the implementation of the mental health nursing strategy 'Developing Excellence, Supporting Recovery'.	<p>DESR regional meetings held 4 times per annum with lead nurse representation from HSCB, Trusts, Education providers, vol/com organisations, carers and service user representatives.</p> <p>All organisations, as appropriate are working to progress the actions contained within the DESR Action Plan however, progress across the region is variable. Particular difficulties have arisen related to budgeting constraints and the ability of Trusts to release nursing staff for training. However where training has been prioritised there has been an increase in uptake in courses providing psychological intervention skills.</p> <p>Good progress has occurred in development of partnership working with services users and co-production of recovery orientated courses. Experts by Experience are also involved in teaching nursing students and nursing student are able to participate in Recovery College courses. A number of innovative practice initiatives have occurred and one Trust has developed a bespoke supervision framework to facilitate nurses in reflective practice.</p>	A	A	A	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.14) Lead on the sustainability phase of developing recovery services across the region working with key stakeholders both locally, nationally and internationally. Undertake an evaluation of recovery services using quality indicators.	<p>In support of the mental health care pathway development which was coproduced by service users, carers and professionals regionally, Recovery Colleges have now been established across Northern Ireland. Recovery Colleges provide a fresh adult learning approach to mental health care through blending 'expert by experience' and professional knowledge into the delivery of therapeutic educational programmes. In order to deliver comprehensive user-led education and training programmes in Recovery Colleges, Trusts agreed to use a hub and spoke model to drive the programmes forward with recurrent monies to fund sessional peer trainers.</p> <p>They have now all employed Recovery college coordinators to manage the following:-</p> <ul style="list-style-type: none"> • A range of co-produced courses developed with more in development. • A cohort of Peer, Mental Health Practitioner and Carer Trainers trained to deliver programmes • Job descriptions and Person Specifications for Peer Trainers developed. • Venues identification and agreed use. • A college prospectus each semester • Assistance to all new students • Collecting evaluation data • PR <p>Evaluation</p> <p>Regional and Trust Recovery Evaluation Groups are established to retain an overview of all recovery focussed evaluation. A Regional evaluation tool has been agreed (Inspire) following evaluation workshop.</p> <p>Time line agreed for first evaluation report.</p> <p>All actions remain on track.</p>	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red	
		Sept	Dec	Mar		
30	3.15) The HSC Safety Forum will work with Trusts to support the further spread of the Sepsis 6 bundle beyond the pilot areas identified in the 2014/15 period.	Clinical teams attended Sepsis6 event run by Safety Forum in Nov.2015. Attendance by 2 trusts was less than hoped. Most but not all pilot wards identified at that time. Data beginning to come in as requested. Conference calls offered and addition tools now available. Further event planned for June 2016 with expert speaker from ROI and update presentations from Trusts	G	A	G	
	3.16) The HSC Safety Forum will work with Mental Health teams to <ul style="list-style-type: none"> • Improve the physical health and well-being of mental health patients and • Improve approaches to crisis prevention and response. 	Crisis prevention and response has been subsumed into a new improvement collaborative aiming to use QI methodology to implement the recommendations from the thematic review of 100 suicides. This approach is supported by, and has been agreed with, the Mental Health commissioning team. Two very successful Learning Sets (LS) have been held with agreement on new focus of work and supporting driver diagram. Focus on Staff Safety Climate Survey, reflective practice and communication. Next LS planned for June 2016.	G	G	G	
	3.17) Work with the HSCB to take forward the review of the Cancer Services Framework.	Cancer Services Framework 2015/16 was agreed by AMT and SMT and forwarded to DHSSPSNI – (September 2015)	G	G	A	Further to the CSF 2016 being agreed by AMT & SMT, DHSSPS has requested further work on this matter – to be completed by end of June 2016

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.18) Work with the HSCB to take forward the Cardiovascular Services Framework Implementation Plan.	The Progress Report for Year 1 (2014-15) Implementation of the Cardiovascular Service Framework was submitted to DHSSPS in October 2015. There have been difficulties with data collection for some of the key performance indicators. Work is on-going to address these issues or find alternative data sources or proxy measures. The Steering Group meet three times per year to oversee implementation of the Framework.	A	A	A	Currently paused due to unforeseen leave of Service Framework lead. Where work can be progressed, it is being progressed, but there is an inevitable impact. DOH is aware of the situation.
3.19) Develop an Implementation Plan for the Respiratory Service Framework, following consultation.	An implementation plan has been developed in consultation with key stakeholders. The implementation plan covers the proposed structure and processes including monitoring and reporting arrangements. The final draft of the implementation plan has been approved from the DPH in her role as a professional lead for the RSF implementation and has received formal endorsement by the AMT and SMT and was submitted to DHSSPS in Dec 2015.	G	G	G	
3.20) Continue to lead the Long Term Conditions Regional Implementation Group to deliver on its action plan, and commission patient and self-management programmes as outlined in PFG, subject to funding.	Long Term Conditions regional group has been established and meets 3-4 times per year.	R	R	R	No additional recurrent monies have yet been identified for self-management programmes. ICPs have invested non-recurring funds in SM programmes.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.21) Lead on the Implementation of PPI Policy in HSC, including roll out of PPI Standards, Monitoring and Training in order to help improve quality, safety and effectiveness of services.	<p>Standards have been completed and launched. Work is now on-going to raise awareness of these and to encourage compliance with them.</p> <p>The Monitoring process has been designed and approved by the DHSSPS. The PHA have led on the implementation of the process with HSC Trusts and have utilised it internally. It has also been undertaken with the RQIA. Preparations are being made for the next round of monitoring in 2016, with reports due with the DHSSPS in time for the June 2016 Accountability meetings.</p> <p>The PHA have also led on the development of a generic PPI training programme for HSC. This has been completed and is being formally launched in February 2016.</p>	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
3.22) In support of safe and effective person centred care, Commissioners through the Director of Nursing PHA should require of organisations and bodies from which services are commissioned, that appropriate systems are in place to ensure that nurses and midwives are appropriately supported to fulfil regulatory requirements of the NMC, in particular the introduction of revalidation for Nurses and midwives from 31 December 2015.	<ul style="list-style-type: none"> 1st Biannual Regional Assurance Framework was completed in Oct/Nov which includes assurance on revalidation, professional issues, recruitment and employment etc. Meetings have been held with Trusts leads re: use of HRPTS for revalidation All Trusts have systems developed for revalidation assurance. Quarterly returns requested. 	A	A	G	

4. IMPROVING THE EARLY DETECTION OF ILLNESS						
Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red	
		Sept	Dec	Mar		
4.1) Complete the rollout of the Bowel Cancer Screening Programme to the 60-74 age group by inviting 50% of all eligible men and women with an uptake of at least 55% of those invited. <i>(Commissioning Plan Direction target)</i>	<p>Age extension was introduced from 1st April 2014. 48.4% of the eligible population were invited to participate in screening during April 2015 – March 2016.</p> <p>Uptake is measured at 12 weeks and 6 months after the issue of an invite.</p> <p>The 12 week uptake for Northern Ireland April – December 2015 is 58%.</p> <p>The 6 month uptake for Northern Ireland April – September 2015 is 59.1%</p>	G	G	G		

Target from Business Plan	Progress	Achievability	Mitigating actions where performance is Amber / Red		
		Sept	Dec	Mar	
4.2) Implement actions to address the recommendations in the RQIA review of the Diabetic Retinopathy Screening Programme	<p>The recommendations are being addressed through the Diabetic Eye Screening Programme Modernisation Project. However, some of the 40 recommendations will not be implemented within the timeframes set in the DHSSPS action plan.</p>	A	A	A	<p>The Project Team agrees with the recommendations but will not be able to implement some on time due to:</p> <ul style="list-style-type: none"> • Delays in recruitment processes within BHSCT; • The absence of data sources; • Reliance on progress by other work streams e.g. Developing Eyecare Partnerships (DEP); • Staff absences in PHA DESP staff. <p>The team is attempting to mitigate these issues by:</p> <ul style="list-style-type: none"> • Liaising with relevant BHSCT staff; • Considering alternative methods of data collection (eg audits, prospective data collection); • Working with DEP • Seeking HR and scrutiny solutions to staffing issues.

5. USING EVIDENCE, FOSTERING INNOVATION AND REFORM

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
5.1) Carry out a regional Review of school nursing service	<p>PHA business case (approved AMT June 2015) submitted to DHSSPS against annual non-recurrent funding of 90k in relation to implementation of Healthy Futures unsuccessful due to financial restraints.</p> <p>Progress has been made by the PHA public health nursing team in relation to three key areas:</p> <ol style="list-style-type: none"> 1. Engagement with specialist school nursing practitioners and managers to identify areas for improvement – two regional workshops facilitated by PHA. 2. Meeting with DE funded school nurses planned. 3. Agreement for standardised roles and responsibilities for Band 5 & 6 public health nurses working within school health – job descriptions gathered and being analysed 4. Regional school health profile proformas being piloted that will include data gathering in relation to the health, wellbeing and safeguarding needs of school age population 5. Bid for Transformation funding to support developments made (June 2016 monitoring). <p>Public Health Nursing Team for Children & Young People are working with PHA Health Improvement colleagues to identify opportunities for collaboration in relation to school population.</p>	A	A	A	Public Health Nursing team for children and young people progressing within a revised timescale.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
5.2) Ensure the delivery of commissioned research to evaluate Telemonitoring NI	<p>Following the extension of the research to February 2016, QUB has indicated that planned write-up of telehealth will be completed by end of March. Further work with Trusts needed to be undertaken due to inconsistent HCN data population for telecare analysis. As a result QUB has sought for a “no-cost” extension to the telecare evaluation to end of April '16.</p> <p>To-date the following activities have been implemented:</p> <p>Descriptive study (Study 1) Analysis of Telehealth data with other datasets is progressing as various linked data were made available in HBS throughout December.</p> <p>Quantitative research (Study 2) Cohort 1- 1600 questionnaires were sent out as part of the retrospective study with 140 returns to-date. Reminders will be sent out with a view of increasing returns.</p> <p>Qualitative research (Study 3) Most interviews with groups have been completed. QUB seeking further patients with Stroke and those who were discharged early to complete their round of interviews.</p> <p>Telecare study (Study 4) As indicated above there have been unforeseen delays due to poor HCN population for telecare data and this is being redressed at Trusts level.</p>	G	G	G	A draft report from QUB, which remains subject to peer review and further amendment, was received on 15 th April 2016. This report pertains to telehealth, a further report on telecare is outstanding – this further report will be limited to a descriptive analysis of the service provided.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
5.3) Support researchers to secure research funding from external sources including NIHR evaluation, trials and studies co-ordinating centre (NETS ^{CC}), Horizon 2020 & other EU sources.	Since the investment began there have been 13 successful NI-led applications to research programmes with one of those awarded during this reporting period. A further four applications are under consideration. One additional EU project involving BHSCT was contracted during the reporting period (Total value €50 million/23 partners)	G	G	G	
5.4) Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas.	HSC R&D Division continues to work collaboratively with the NIPHRN to progress research in areas of interest to the PHA and members of staff are engaged with a number of Research Development Groups in areas such as physical activity, mental health and pregnancy. Forthcoming events include a stakeholder showcase event on 20/04/16 and a breastfeeding workshop in early summer	G	G	G	
5.5) Commission Research and Produce a Best Practice Report on PPI.	Research report commissioned and first draft delivered. The report was tabled for PHA Board approval in December. Final comments were invited, with a view to the completed version being submitted by the QUB led research team, to the PHA and PCC in January. A report on Barriers to PPI will then be finalised, based on the Research Report and submitted to the DHSSPS by end March 2016.	G	G	G	

6. DEVELOPING OUR STAFF AND ENSURING EFFECTIVE PROCESSES

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.1) Provide Professional Leadership, Advice and Guidance on PPI.	This is an on-going responsibility within the PHA and with HSC partners. A register for requests for support, advice and guidance for each year is maintained and reviewed with a view to inform the development of a set of guides to assist in this work. Work continues to be undertaken to develop the set of PPI Guides. The aim will be that staff will have readily available points of reference to enable them to take initial steps themselves. This will help realise some capacity for the PPI team to focus their input into the most strategic developments and requests for professional PPI advice and guidance.	G	G	G	
6.2) Develop a new PHA 3 Year Action Plan for PPI	Initial discussions and planning has commenced. A draft updated Action Plan has been developed, drawing primarily on the PPI Research Report recommendations and actions required to embed the new PPI Standards into PHA culture and practice. Engagement on the draft updated action plan is now being organised and undertaken with wider stakeholders on the plan	G	G	G	
6.3) Ensure that by 30 th June 2015 90% of staff have had an annual appraisal of their performance during 14/15.	Over 90% of staff have received their annual appraisal as at 30 th June 2015.	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.4) Ensure that by 31 March 2016 100% of doctors working in PHA have been subject to an annual appraisal.	During 2015/16, 8 PHA Consultants were due for revalidation. At 30 Sept, 4 Consultants were put forward and successfully completed revalidation. At 30 December a further 3 Consultants successfully completed the revalidation process. At 31 March all of the 8 PHA Consultants were successfully put forward.	G	G	G	
6.5) Continue to take forward implementation of the PHA Procurement Plan.	The PHA continues to progress the procurement plan. As a result of the new EU Procurement Directive and the introduction of the “light touch regime” the PHA has reviewed its procurement processes to meet the requirements of the new legislation. This has included working with DLS and PALS to develop a suite of documents for under threshold procurements. Internal guidance, incorporating the learning from the 2014/15 procurements has also been developed into a formal Guidance document for staff on how to prepare and undertake a procurement. Tenders for workplace health; Reader project (based in prisons) and Bereavement support (Family Voice Forum) have been completed. Tenders for Active Travel and for Keep Warm Keep Well packs are being progressed. Work is continuing on Mental Health and Suicide Prevention Phases II & III; and the pre tender consultation for the Lifeline service has now been completed. The PHA Procurement Board continues to meet to oversee this work.	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.6) Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency	Completed - substantive compliance achieved for all 15 controls assurance standards applicable to PHA	G	G	G	
6.7) Test and review the PHA business continuity management plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	Completed – The BCP was reviewed, updated and was tested on 5 November 2015. The plan has subsequently been approved by AMT and GAC in December 2015, and PHA board in January 2016.	G	G	G	
6.8) Explore the introduction and feasibility of EDRMS in PHA and depending on the outcome of this commence development of a business case.	Resource constraints have delayed work on a full EDRMS. However, initial exploratory work was undertaken, to look at an alternative solution, in particular a demonstration of 'RecordPoint' in October 2015 (a possible solution to enable management and audit of electronic records in line with the disposal policy). At this stage it is not feasible to commence development of a business case. Subsequent conversations with HSCB e-health have opened the possibility of involvement in regional HSC EDRMS work. This will be followed up during 2016/17.	A	A	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.9) Finalise the new PHA Corporate Strategy-building on the engagement carried out in 2014/15 and taking account of the 15% reduction to PHA Administration Budget.	Work continues to develop the PHA Corporate Strategy, building on the engagement exercise carried out in 2014/15. A PHA board away day was held in September 2015 to look at the future Corporate Strategy. The PHA Corporate Priorities and Strategy Project Board continues to meet to take forward the development of the new strategy.	A	A	A	DHSSPS have advised that as the next PFG will not be finalised until after the May 2016 Assembly elections (and will then go out to consultation) along with HSC reform, development of HSC ALB Corporate Strategies may be delayed with the next Corporate Strategy to be effective from 1 April 2017. Further guidance is awaited.
6.10) Meet DHSSPS financial, budget and reporting requirements	All deadlines in relation to Monthly monitoring to the DHSSPS have been met and the year-end annual accounts completed.	G	G	G	
6.11) Develop and agree a new Internal communications strategy and action plan to ensure PHA business is supported by efficient and effective internal communication systems.	Internal Communications Action Plan - Several actions completed and under way including redevelopment of Connect, introduction of generic email addresses for improved internal email communication, investigation of weekly update, erection of digital signage, email branding, standard corporate auto signature.	G	G	G	
6.12) Review and Revise PHA digital assets including PHA Corporate and Intranet sites.	Planning for revamping and revising of corporate website and re-presentation of public health data (health topic sites) aligned to NI Direct/HSC Online project. Process to redevelop PHA Intranet site Connect in progress through TPA (Technology Partnership Agreement.)	G	G	A	Delay dependent on external influences (NI Direct project board). Planning underway for re-presentation of public health data onto HSC Online.

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.13) Continue and enhance social media activity to extend the reach and expand the types of content used	The development of social media continues, with increasing reach across all channels and further use of rich media such as graphics and videos enhancing the 'viral' aspect of messaging, which secures wider engagement with the PHA's work	G	G	G	
6.14) Revalidation champions will provide on-going support to registrants and managers across the PHA and HSCB, as well as engaging with GP employed nurses	Nominated staff across organisations i.e. HSC Trusts, PHA/HSCB attended MIAD master classes via NIPEC. These nominees will cascade training received to support individual nurses/midwives and line managers to fulfil revalidation requirements. XI database established for all nurses across HSCB/PHA shared with HR & HRPTS Face to face awareness sessions offered to all nurses (HSCB/PHA) and their line managers. RCN have delivered commissioned training for practice nurses (funding secured by PHA) On-going support available for HSCB/PHAS and GP practice nurses.	A	A	G	
6.15) Establish a professional forum	Professional Nursing and Midwifery Forum established. schedule = 1/4ly meetings: 12 th June 2015 1 st October next meeting scheduled for January Additional 'learning sets' will be arranged to cover professional issues. Also invitation extended to MOD, PSNI, NIBTS.	G	G	G	

Target from Business Plan	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
6.16) Develop and implement the Nurses and Midwives verification of NMC policy	<p>Policy for the Verification of NMC registration developed – held in abeyance.</p> <p>Awaiting Regional ‘Change Request’. Update on HRPTS before verification policy can be implemented.</p> <p>Functionality of the HRPTS system is being updated to include fee renewal and renewal (revalidation) (regional update).</p> <p>PHA/ HSCB reminder system to be agreed with HR following functionality update.</p> <p>Interim solution: reminder system 3mths prior to renewal (by directorate of Nursing staff)</p>	A	A	G	

Health & Social Care (Commissioning Plan) Direction (NI) 2015 - Targets

See Also - Annual Business Plan Targets 1.1 and 4.1

Target	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
From April 2016, all eligible pregnant women, aged 18 and over, with a BMI of 40KG/m ² or more at booking are offered the Weigh to a Healthy Pregnancy programme with a uptake of at least 65% of those invited.	<p>Weigh to a Healthy Pregnancy (WTHP) IPT's for 16/17 are being updated to reflect operational challenges and recommendations from the evaluation. The regional WTHP monitoring and progress meeting was held on 17th February. As previously reported Trust's are asked to report on data a full quarter behind to allow for women booking during the last month of each quarter and to confirm participation.</p> <p>Target: 100% of eligible women with BMI over 40 offered programme</p> <p>Outcome: 94% of eligible women with BMI over 40 offered programme</p> <p>Numerator: Total number offered Weigh to Healthy pregnancy programme = 132</p> <p>Denominator: Total number of women eligible for healthy pregnancy programme = 140</p> <hr/> <p>Target: Uptake of 65% among women offered programme</p> <p>Outcome: 67% of women offered programme with BMI over 40 took up programme.</p> <p>Numerator: Programme uptake = 89</p> <p>Denominator: Total number women offered programme = 132</p>	G	G	G	

Target	Progress	Achievability			Mitigating actions where performance is Amber / Red
		Sept	Dec	Mar	
By March 2016, complete the rollout of the Family Nurse Partnership Programme across Northern Ireland and ensure that all eligible mothers are offered a place on the programme. (See Also 2.3)	FNP Programme available in all HSC Trusts. Funding for additional sites / service within the five Trusts so that all eligible mothers are offered a place on the FNP programme has not been identified. Funding for extension of FNP within HSCTs so that all eligible mothers can receive the programme has not been identified.	A	A	R	Roll out of FNP to all eligible parents to be included in list of required service developments. A number of family nurses on sick leave and therefore caseloads closed. Work in underway to profile the number of parents eligible to receive FNP who have not been offered a place and the reasons for this. Deirdre Webb working with international colleagues to review eligibility criteria based on emerging evidence.
By March 2016, implement the Normative Nursing Range for all specialist and acute medicine and surgical inpatient units	Work has been ongoing to implement Phase 1 of the Delivering Care project across all medical and surgical wards. Trusts have provided the HSCB and PHA with three progress reports which provide updates at September 2014, May 2015 and September 2015. As previously advised, the total number of permanent and temporary nursing staff required to fully implement Phase 1 is 4,819.62 WTE. Funding of some £12m has been provided to Trusts to support the full implementation of Phase 1. Following the latest returns from Trusts, there are currently 4,353.15 WTE permanent and temporary staff across the region.	A	A	A	The HSCB are currently in discussions with the Department regarding the challenges with recruitment of permanent and temporary nursing staff in Trusts. A further progress report has been requested by HSCB/PHA. To be evaluated @ end May 2016.

	<p>To meet the target position, a further 457.46 WTE permanent and temporary staff will be required. Trusts have indicated that the recruitment of permanent and temporary staff has been particularly challenging in recent months and do not expect any significant progress in this area due to the limited potential to attract additional nursing staff.</p> <p>It should be noted that there are a total 5,079.92 WTE staff (including bank and agency staff) across the region, 260.3 WTE more than the target position.</p> <p>A further recurrent allocation has been made to all Trusts to uplift existing Band 5 posts to Band 6 in selected medical wards.</p>				
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Date of Meeting	19 May 2016
Title of Paper	Update on PHA Procurement Plan
Agenda Item	13
Reference	PHA/06/05/16

Summary

This paper provides an update for PHA board on progress that has been made during 2015/16 in implementing the PHA Social Care Procurement Plan.

During 2015/16, 7 tenders have been completed with an overall annual value of £1.2m. 22 contracts have been awarded to external providers.

Key points to note are:

- tender documentation for both over threshold (over £589k in value) and under threshold tender awards has been reviewed and updated to ensure it remains compliant.
- a new step-by-step guidance document has been developed for staff that sets out what needs to be undertaken when preparing a tender. This document has been directly informed by the experience and learning gained by staff from PHA, PALS and Legal Services in developing and managing tenders over the previous 2 years.
- There has been regional agreement that additional capacity will be required to adequately undertake social care procurement.
- The main priority for PHA in 2016/17 will be the re-tendering of the Lifeline service. It is also intended to progress the re-tendering of wider mental health prevention and support services that are in place to support people with mental health issues, including those affected by suicide.
- A factor that we will be mindful of in 2016/17 is the potential for key staff leaving having an impact on capacity to progress procurements as planned.

Equality Screening / Equality Impact Assessment	N/A
Audit Trail	This update was approved by AMT on 10 May 2016.
Recommendation / Resolution	For Noting

Director's Signature	
Title	Director of Operations
Date	11 May 2016

Update on PHA Social Care Procurement Plan

This paper provides an update for Members on progress that has been made during 2015/16 in implementing the PHA Social Care Procurement Plan. It also highlights specific actions that have been taken to ensure PHA remains compliant with the February 2015 EU Regulations and identifies a number of issues that may impact on progressing the procurement plan in 2016/17.

Tender Awards 2015/16

During 2015/16, 7 tenders have been completed with an overall annual value of £1.2m. 22 contracts have been awarded to external providers.

Following the tender process for the Family Group Conferencing service, 4 of the 5 contracts available were not awarded as no suitable bids were received. These services have now been commissioned from HSC Trusts. A breakdown of the tenders progressed is attached as appendix 1.

Review of Tender Processes and Procedures

Following the introduction of the new EU Regulations, a number of actions have been progressed to ensure PHA is able to meet the new requirements:

- tender documentation for both over threshold (over £589k in value) and under threshold tender awards has been reviewed and updated to ensure it remains compliant. Working closely with colleagues in BSO procurement (Pals) and legal services, the priority has been to ensure that the application process is proportionate and the overall process is as straight forward as possible. This has enabled some simplification of the requirements for under threshold tenders.
- a new step-by-step guidance document has been developed for staff that sets out what needs to be undertaken when preparing a tender. This document has been directly informed by the experience and learning gained by staff from PHA, PALS and Legal Services in developing and managing tenders over the previous 2 years. The document is now available on Connect for staff to access. In addition, information sessions will be provided for staff in relation to the guide and its contents.

Following the introduction of the new EU Regulations, all over threshold social care tenders must now to be managed directly by a Centre of Procurement Expertise (CoPE). During 2015/16, PHA has been working with colleagues from other HSC organisations and BSO PALS (the HSC CoPE) to agree what scale of additional support is required across the HSC system to meet this requirement.

Further to consideration of various options the regional HSC Procurement Board has now agreed that there is a need to create a specialist procurement team within PALS to manage this additional work. Additional capacity will be required within HSC organisations to adequately undertake social care procurement preparatory work and to assist in managing all under threshold procurements internally. It is understood that a business case is now being developed by PaLs for consideration by DHSSPS to secure the funding required.

Procurement Priorities 2016/17

The PHA Social Care Procurement Plan is a 'live' document, and is regularly reviewed by the PHA Procurement board. A copy of the current Procurement Plan is attached as appendix 2.

The main priority for PHA in 2016/17 will be the re-tendering of the Lifeline service. It is also intended to progress the re-tendering of wider mental health prevention and support services that are in place to support people with mental health issues, including those affected by suicide.

Issues in Progressing the Procurement Plan in 2016/17

A factor that we will be mindful of in 2016/17 is the potential for key staff leaving having an impact on capacity to progress procurements as planned.

PHA will continue to access additional specialist procurement support via the PALS Framework agreement to allow tenders to be progressed.

It will also keep under review internal arrangements in place to support staff preparing tenders to ensure best use is made of the capacity available.

It is important that current and potential providers are kept up to date on how the PHA tender process operates. There is also a potential benefit in sharing with providers some of the lessons that have been learnt from the tenders that have been completed to date to help improve the quality of future applications. PHA is working with colleagues in BSO PALs to agree an approach for raising awareness and increasing knowledge across all providers.

Members are asked to **NOTE** this paper.

Appendix 1

Summary of Tenders Progressed in 2015/16

Title	Annual Contract Value	Current Status	Geographical Area	Awarded to:
Early Intervention Support Services	£ 152,520	Tender process completed and Contracts Awarded	Belfast	NIACRO
Early Intervention Support Services	£ 155,159	Tender process completed and Contracts Awarded	Northern	Action for Children Services Limited
Early Intervention Support Services	£ 157,216	Tender process completed and Contracts Awarded	South Eastern	Barnardo's
Early Intervention Support Services	£ 152,520	Tender process completed and Contracts Awarded	Southern	NIACRO
Early Intervention Support Services	£ 155,756	Tender process completed and Contracts Awarded	Western	Action for Children Services Limited
EIS Service Family Group Conferencing	£ 11,900	Tender process completed and Contract Not Awarded - On review agreed to award to South Eastern Trust	Belfast	SE Trust
EIS Service Family Group Conferencing	£ 11,900	Tender process completed and Contract Not Awarded - On review agreed to award to Trust	Northern	Northern Trust
EIS Service Family Group Conferencing	£ 11,900	Tender process completed and Contract Not Awarded - On review agreed to award to Trust	South Eastern	SE Trust
EIS Service Family Group Conferencing	£ 11,466	Tender process completed and Contract Awarded	Southern	Barnardo's
EIS Service Family Group Conferencing	£ 11,900	Tender process completed and Contract Not Awarded - On review agreed to award to Trust	Western	Western Trust
Evidence Informed Parenting Programme - Strengthening Families Programmes	£ 20,500	Tender process completed and Contracts Awarded	Belfast	ASCERT
Evidence Informed Parenting Programme - Strengthening Families Programmes	£ 20,500	Tender process completed and Contracts Awarded	Northern	ASCERT
Evidence Informed Parenting Programme - Strengthening Families Programmes	£ 20,500	Tender process completed and Contracts Awarded	South Eastern	ASCERT

Evidence Informed Parenting Programme - Strengthening Families Programmes	£ 20,500	Tender process completed and Contracts Awarded	Southern	ASCERT
Evidence Informed Parenting Programme - Strengthening Families Programmes	£ 20,600	Tender process completed and Contracts Awarded	Western	Derry Healthy Cities
Evidence Informed Parenting Programme - Incredible Years Programmes	£ 6,555	Tender process completed and Contracts Awarded	Belfast	Barnardo's
Evidence Informed Parenting Programme - Incredible Years Programmes	£ 6,555	Tender process completed and Contracts Awarded	Northern	Barnardo's
Evidence Informed Parenting Programme - Incredible Years Programmes	£6,600	Tender process completed and Contracts Awarded	South Eastern	Barnardo's
Evidence Informed Parenting Programme - Incredible Years Programmes		Tender process completed and Contract Not Awarded - On review agreed to award to Trust	Southern	Southern Trust
Evidence Informed Parenting Programme - Incredible Years Programmes	£6,600	Tender process completed and Contracts Awarded	Western	Barnardo's
Provision and Coordination of the Workplace Health and Wellbeing Support Service	£ 35,000	Tender process completed and Contracts Awarded	Belfast	Health Matters
Provision and Coordination of the Workplace Health and Wellbeing Support Service	£ 35,000	Tender process completed and Contracts Awarded	South Eastern	Health matters
Provision and Coordination of the Workplace Health and Wellbeing Support Service	£ 35,000	Tender process completed and Contracts Awarded	Northern	NICHS
Provision and Coordination of the Workplace Health and Wellbeing Support Service	£ 35,000	Tender process completed and Contracts Awarded	Southern	Health Matters
Provision and Coordination of the Workplace Health and Wellbeing Support Service	£ 35,000	Tender process completed and Contracts Awarded	Western	Derry Healthy Cities
Shared Reading Service in the Criminal Justice Setting	£ 50,000	Tender process completed and Contracts Awarded	Regional	The Reader
Specialist Stop Smoking Training & Update Training		Tender process completed and Contract Not Awarded*	Regional	
Bereaved by Suicide Coordination, Facilitation and Development Project	£ 30,000	Tender process completed and Contracts Awarded	Regional	Derry Healthy Cities

* Tender specification will be reviewed and tender re-run

PHA Social Care Procurement Plan 2014/15 - 2018/19 (Revised April 2016)

PHA Social Care Procurement Plan 2014/15 - 2018/19 (Revised April 2016)

PHA Social Care Procurement Plan 2014/15 - 2018/19 (Revised April 2016)

Tender	14/15				15/16				16/17				17/18				18/19				Estimated Value Per Annum £(M)	Current number of Contracts
	July Aug Sep Qtr 2	Aug Sep Qtr 3	Oct Nov Dec Qtr 3	Jan Feb Qtr4	Apr May June Qtr 1	July Aug Sep Qtr 2	Oct Nov Dec Qtr 3	Jan Feb Qtr4	Apr May June Qtr 1	July Aug Sep Qtr 2	Oct Nov Dec Qtr 3	Jan Feb Qtr4	Apr May June Qtr 1	July Aug Sep Qtr 2	Oct Nov Dec Qtr 3	Jan Feb Mar Qtr4	Apr May June Qtr 1	July Aug Sep Qtr 2	Oct Nov Dec Qtr 3	Jan Feb Mar Qtr4		
Cancer Focus (skin cancer)																					£0.02	1

 Tender Preparation
(Strategic Planning / B.Case)

 Tender Process
(Specification Dev / tender award)